BLUEPRINT FOR CHANGE

REPORT OF THE SOLICITOR GENERAL'S SPECIAL COMMITTEE ON PROVINCIALLY INCARCERATED WOMEN

Province of Nova Scotia
April 1992

92-06358/

This Report is dedicated to the Memory of

Jane Hurshman Corkum

whose life ended tragically on February 21, 1992

As a member of the Solicitor General's Special Committee on Provincially Incarcerated Women, she generously contributed her time and expertise to bring us to an understanding of the lives of incarcerated women. In many ways, she was our guide on the journey.

She taught us that, while her strength and survival were remarkable, her story was not unique.

SOLICITOR GENERAL'S SPECIAL COMMITTEE
ON PROVINCIALLY INCARCERATED WOMEN

COMMITTEE MEMBERS

James L. Crane (Co-Chair)
Executive Director
Nova Scotia Correctional Services

Elizabeth A. Forestell (Co-Chair)
Executive Director
Elizabeth Fry Society of Halifax/Dartmouth

Linda Carvery
Past President of Congress
of Black Women
Halifax/Dartmouth Chapter

Judith A. McPhee
Deputy Superintendent, Programs
Halifax Correctional Centre

Debi Forsyth-Smith
President
Advisory Council on the Status of Women

Judith A. Mills, M.D.
General Practitioner/
Psychotherapist
Brunswick Street Centre, Halifax

Jane Hurshman
Nursing Assistant
Halifax County Regional
Rehabilitation Centre

Brigitte Neumann
Director
N.S. Women's Directorate

Kathleen Jennex
Director of Female Offender Services
Coverdale Courtwork Services

Kathleen Waters
Director, Policy, Planning & Research
Department of Solicitor General

Murdena Marshall
Professor of Mi'kmaq Studies
College of Cape Breton

Darlean Whiting
Executive Director
Elizabeth Fry Society of Cape Breton

Coordinator/Administrative Assistant to the Committee
Deborah Sangster
Chief Clerk
Correctional Services

TABLE OF CONTENTS

ACKNOWLEDGEMENTS i

WOMEN IN PRISON - A CROSS-CANADA PERSPECTIVE 1

HISTORY OF INCARCERATED WOMEN IN NOVA SCOTIA 7

STATISTICAL PROFILE - INCARCERATED WOMEN IN NOVA SCOTIA ... 13

THE SOLICITOR GENERAL'S COMMITTEE ON PROVINCIALLY INCARCERATED WOMEN - Mandate and Process 17

RESEARCH -

- Methodology 22
- Summary of Interviews with Provincially Incarcerated Women 26
- Consultations 36

GUIDING PRINCIPLES 38

- Empowerment 38
- Meaningful and Responsible Choices 40
- Respect and Dignity 41
- Supportive Environment 42
- Shared Responsibility 43

THE PLAN FOR SIGNIFICANT CHANGE - Recommendations 44

TAKING THE FIRST STEP NOW - Interim Recommendations 62

TABLE OF CONTENTS - continued

APPENDICES -

Appendix "A" - Corrections Act, Section 13

Appendix "B" - Mission Statement of Correctional Services, Nova Scotia

Appendix "C" - Mental Health Service Needs of Incarcerated Women, (Judith A. Mills, M.D.)

Appendix "D" - Gender of Physicians and Therapists and the Health Worker-Client Relationship: Literature Review and Discussion of Implications for Services for Incarcerated Women, (Judith A. Mills, M.D.)

Appendix "E" - Request for Submissions

BIBLIOGRAPHY

ACKNOWLEDGEMENTS

The Solicitor General's Special Committee on Provincially Incarcerated Women acknowledges with gratitude and appreciation the contributions made by provincially sentenced women, and their generosity in sharing openly their experiences with us. Without their honesty and willingness to give the system another chance, we could not have told this story.

We are grateful for the time volunteered by caring members of our community, who spent many long and often painful hours conducting interviews with women. None of these were paid for their time, but expressed that their reward was participating in the effort to improve incarcerated women's chance for survival. Our heartfelt thanks to Debbie Malloy, Brenda Beehler, Yvonne Hanson, Rhonda Crawford, Toni Goree, Sandra Gouthro, Joan Jones and Mary Haylock. Interviews were also conducted by committee members Murdena Marshall, Darlean Whiting, Linda Carvery, Kathleen Jennex, the late Jane Hurshman, and Elizabeth Forestell.

We gratefully acknowledge the significant and outstanding contribution made by Deborah A. Sangster, Correctional Services, Department of Solicitor General, who acted as coordinator, researcher, recorder and communications director for the committee. Ms. Sangster's contribution often went far beyond reasonable expectation; for this, the committee expresses utmost appreciation.

The Special Committee on Provincially Incarcerated Women wishes to express its appreciation to the many individuals and organizations who made verbal or written submissions, and to interested community members who participated in public meetings and discussion in Yarmouth, Sydney and Halifax.

The committee wishes also to acknowledge and express gratitude to Ms. Bonnie Diamond, Director of Research, Canadian Panel on Violence Against Women and former Executive Director of the Canadian Association of Elizabeth Fry Societies. Ms. Diamond, who co-chaired the Task Force on Federally Sentenced Women, generously took time from her busy schedule to travel to Halifax and meet with us, and was a valuable resource whenever called upon for assistance and advice.

Much of the work that went into arranging meetings, gathering information, and compiling the report fell on the shoulders of support staff at the Elizabeth Fry Society. Special appreciation is owed for the kind assistance of Rachel Marsden, Office Coordinator, Elizabeth Fry Society of Halifax/Dartmouth.

Finally, we must gratefully acknowledge the importance of the work done by the Task Force on Federally Sentenced Women. The Report of the Task Force provided us with a model for research, and a wider context for the study we undertook, as well as the inspiration to seek the truth. We adopted many of the Task Force's principles and methods, and found our work made easier by these pioneers in systemic change.

The enormity of the work we undertook, and the pressures imposed by the short time frame, were felt not only by the committee members but by our families and friends. To all of those who supported us and tolerated our absences, we owe a debt of gratitude.

WOMEN IN PRISON - A CROSS-CANADA PERSPECTIVE

Correctional administrators have struggled for many years with the unique challenge of providing appropriate programs and facilities for women sentenced to prison. The challenge is significant primarily because of the small number of women who are incarcerated.

Although women's involvement in crime in Canada has increased substantially over the past three decades, men's involvement still vastly overshadows that of women. In 1990, 113,113 women were charged with offences, as compared to 628,548 men.[1] At the federal level, of a total federally sentenced population of approximately 12,000, only about 250 (2%) are women[2] . A similar situation exists in Nova Scotia. In 1990, 3,601 (13%) women were charged with offences, compared with 26,887 men. Female sentenced admissions to provincial custody in 1990-91 represented 8% of the national total. It should be noted that the incarceration rate for women in Nova Scotia is the lowest in Canada. (Only 3% of total admissions to Nova Scotia correctional facilities are women.)

Virtually every major correctional inquiry conducted during this century has focused attention on custodial facilities for women. Many of these have addressed the dilemma of choosing between centralized facilities (supposedly offering a greater range of programming opportunities) and a decentralized approach (allowing women a greater proximity to family and community support systems). This dilemma has been especially pronounced at the federal level, since the only facility in Canada for federally sentenced

---

[1] Statistics Canada, Canadian Centre for Justice Statistics, Crime Statistics. (Ottawa: Ministry of Supply and Services, 1990) Annual, No. 85-205.

[2] Statistics Canada, Canadian Centre for Justice Statistics, Adult Correctional Service in Canada (Ottawa: Ministry of Supply & Services, 1990) Annual, No. 85-211

women is in Kingston, Ontario.

Ironically, the Archambault Commission (1938) was the first to recommend the closure of the Prison for Women, just four years after it opened.[3] With few exceptions (notably Fauteux 1956)[4] , Commissions and Committees since that date, from Ouimet (1969) to the Task Force on Federally Sentenced Women (1990), have supported the closure of the Prison for Women and establishment of regional or provincial facilities.[5]

One of the major stumbling blocks to establishing an appropriate program delivery structure for women prisoners has been the tendency on the part of correctional administrators to apply concepts to women that are seen to be valid for male inmates. "Security and program structures have been developed, regionalized, bureaucratized, computerized and cost rationalized on the basis, always of population size, demographic distribution, and socioeconomic characteristics of the male criminal offenders."[6]

---

[3] Canada, Report of the Royal Commission on the Penal System (Archambault Commission). Ottawa: 1938

[4] Canada, Report of the Advisory Committee on the Principles and Procedures Followed in the Remission Service of the Department of Justice, (Fauteux Report). Ottawa: 1956.

[5] Report of the Canadian Committee on Corrections, (Ouimet Report), 1969; Report of the Royal Commission on the Status of Women, 1970; Report of the National Advisory Committee on the Female Offender, (Clark Report), 1976; Report to Parliament by the Sub-Committee on the Penitentiary System in Canada, (MacGuigan Report), 1977; Report of the National Planning Committee on the Female Offender (Needham report), 1978; Report of the Joint Committee to Study Alternatives for the Housing of the Federal Female Offender, (Chinnery Report), 1978; Progress Report on the Federal Female Offender Program, (Berzins & Dunn Report), 1978; Taking Responsibility, Report of the Standing Committee on Justice & Solicitor General on its Review of Sentencing, Conditional Release and Related Aspects of Corrections, (Daubney Report), 1988; Creating Choices, The Report of the Task Force on Federally Sentenced Women, 1990.

[6] L. Berzins & S. Cooper, "Political Economy of Correctional Planning for Women", Canadian Journal of Criminology 24 (1982) pg. 405.

Research and surveys conducted for the Commissions and Committees cited previously have indicated that the distinguishing characteristics between the male and female incarcerate population are many and significant. From psychological/socioeconomic characteristics, to institutional behaviour/degree of security risk to program requirements - the differences are profound. A review of past reports is instructive in creating a profile of the unique attributes of the population of women who have served terms of incarceration during the past decade. This research assists in defining an approach to program development that is based on the needs of these women as opposed to a subset of programs that were designed with the requirements of the male prisoner population in mind.

Over ten years ago the Clark (1976)[7] , Needham (1978)[8] , and Chinnery (1978)[9] Reports, after noting the broad range of educational attainment and the high proportion of women with severe addictions problems, recommended that a small group approach to programming be taken. This is sharply in contrast to the program delivery style prevalent at that time which, of course, was modelled on the program configuration for male inmates.

Virtually all reports have been critical of the deficiencies which have existed and continue to exist in academic or vocational skills training. Recommendations have consistently been made for enhanced programming to provide opportunities for women to acquire marketable skills during their period of incarceration. The notion that the opportunities provided to women prisoners are inferior to those provided men was confirmed in a 1981

---

[7] Canada, Report of the National Advisory Committee on the Female Offender, (Clark Report). Ottawa: 1976.

[8] Canada, Report of the National Planning Committee on the Female Offender, (Needham Report). Ottawa: 1978.

[9] Canada, Report of the Joint Committee to Study Alternatives for the Housing of the Federal Female Offender, (Chinnery Report). Ottawa: 1978.

ruling by the Canadian Human Rights Commission. Ruling on the matter of sexual discrimination, "the key finding of the Human Rights Commission was that, because the Prison for Women is the only federal penitentiary for women, female prisoners have less access to training and rehabilitation programs than do male inmates."[10]

The phenomenon of self-mutilation (significantly more prevalent in the female incarcerate population than in male prisons) has been the subject of considerable research. Ross and McKay (1979) reported that, in their Ontario research, 86% of the adolescent females in custody had inflicted injuries upon themselves.[11] Heney (1990) suggests a link between the experience of sexual abuse and self-injury. She recommends that peer counselling be established as therapy to provide women with an opportunity to come to terms with the abuse.[12]

In summarizing both previous research and the recent reports of women prisoners themselves, Shaw (1991) stresses that the need exists for greater self-determination, for women to gain more control over their health care, diet, exercise, etc. The preconditions for increased self-determination are significant: less reliance on medication to modify behaviour; more consistent application of rules; more choices.[13] Shaw notes that the support of staff in promoting self-determination is essential and recommends that staff training efforts be directed toward teaching non-coercive approaches to conflict resolution and encouraging staff to provide support rather than control.

---

[10] Solicitor General Canada, "Liaison", 8 No. 3 (1982)

[11] R. Ross and H. McKay, Self-Mutilation (Toronto: Lexington Books, 1979).

[12] J. Heney, Report on Self-injurious Behaviour in the Kingston Prison for Women, Ottawa: 1990.

[13] M. Shaw, Paying the Price, Federally Sentenced Women in Context, Ottawa: 1991.

The majority of the reports have directed some attention to women in prison who are suffering from mental illness. In 1976, the National Advisory Committee on the Female Offender reported that the "plight of the mentally ill person in the penal system is a matter of widespread concern - immediate action should be taken to transfer the seriously mentally ill to mental hospitals."[14] Consistent with Clark (1976) other committees have recommended that women suffering severe mental illness be removed from the correctional system and placed in an active treatment setting in a health facility.

The Task Force on Federally Sentenced Women (1990) observed that minimal recognition has been given by past task forces and commissions to the special needs and experiences of Aboriginal women. Ouimet (1969), Clark (1976), Daubney (1988) and the Solicitor General's Task Force on Aboriginal Peoples in Federal Corrections (1988)[15] have observed that the needs of Aboriginal women have not been adequately addressed within the correctional system and that they are, as a result, doubly or triply disadvantaged. It should be noted that Nova Scotia is unique in Canada, in that the significant incarcerated minority tends to be Black rather than Aboriginal. Little, if any, attention has been focused on the needs of this group in the Canadian correctional system.

Within both minority groups, Black and Aboriginal women, there are special needs, but it is important to note that those special needs and experiences are unique for both Black and Aboriginal women. In any case, the needs of these groups have not been adequately addressed in the Canadian correctional system to date.

---

[14] Clark Report, pg. 21.

[15] Canada, Solicitor General's Task Force on Aboriginal Peoples in Federal Corrections, Ottawa: 1988.

Most reports conclude that a significant proportion of women do not require the degree of security that is customarily provided in provincial and federal correctional facilities. Indeed, a common theme emerging from the reports is the need to transfer more women from secure custody to community-based residential facilities. Coincident with these recommendations, is the repeated emphasis on the importance of building links with community agencies to lessen the gulf between institution and community. In a similar vein, many reports have underscored the critical role performed by community volunteers within a correctional institution, to enhance the quality of in-house programming and to provide a bridge to the community, to facilitate the women's re-entry upon release.

The Task Force on Federally Sentenced Women summarized its review of the results of research, commissions, and committees as follows: "voices from the past have been remarkably consistent in both their identification of the problems experienced by federally sentenced women, and their recommendations for change."[16]

---

[16] The Task Force on Federally Sentenced Women, p. 30

HISTORY OF INCARCERATED WOMEN IN NOVA SCOTIA

Historically in the province of Nova Scotia, each of the eighteen counties owned and operated a county jail which accommodated both men and women. These jails provided a secure environment for sentenced and remanded prisoners, as well as a facility for police to accommodate male and female lockup prisoners.

While all counties in Nova Scotia operated county jails, the City of Halifax also operated the Halifax City Prison located in the north end of Halifax until 1969. The Halifax County Jail, located behind the Spring Garden Road Court House, accommodated remanded and sentenced women until it closed to women in early 1965. Women were then transferred to a small 10 cell unit at the Halifax City Prison, which accommodated sentenced women admitted from the Halifax City Court. The 10 cell unit could be increased to 20 beds through double bunking. These facilities provided secure accommodation only; no programs were provided to women.

In addition to the facilities located within the province, courts in Nova Scotia were able to sentence women to the Interprovincial Home for Women (Coverdale), in Moncton, New Brunswick. This women's correctional facility served the Maritime provinces, and was run under the joint auspices of four Protestant churches: Anglican, Baptist, Presbyterian, and United. The operation of the institution was directed by a Board composed of representatives of each of the operating churches. The institution accepted Protestant women above the age of 16 from the provinces of New Brunswick, Nova Scotia and Prince Edward Island. The legal basis for committal to the Home rested in the federal Prison and Reformatories Act. The institution was equipped to serve 32 inmates and during 1961 ten women were committed; 7 from Nova Scotia and 3 from New Brunswick. The ratio of committals from the two provinces seemed to be relatively constant until its

closure in 1972. Closure of the facility came as a result of a comprehensive review of the Home by a consultation committee. A report, critical of the operation of the institution, was prepared for the Board of Governors of the Interprovincial Home for Women and funded by the Department of the Solicitor General, Canada.

As a result of the closure, all Nova Scotia women who were confined to the Interprovincial Home were transferred to the Halifax Correctional Centre. The centre opened in 1969, replacing the Halifax City Prison and Halifax County Jail. This new institution included a 20 bed women's unit to serve as a facility for those remanded and sentenced from all courts in Halifax county, including the Halifax courts. It was not constructed with the intention that it become a provincial correctional facility for women. Unfortunately, through a series of events described below, bedspace was increased to the current 24 bed capacity and the Halifax Correctional Centre has now become the only facility in Nova Scotia to accommodate provincially remanded and sentenced women prisoners.

In 1969 then Dartmouth alderman Eileen Stubbs prepared for the Attorney General of Nova Scotia a report on the female offender.[17] This study was commissioned by the Halifax-Dartmouth Regional Authority and included a review of the treatment and detention facilities for women over the age of 16. The report pointed out the inadequate programs and services available to women incarcerated in small, antiquated county jails throughout Nova Scotia. It called for the establishment of academic upgrading and job training programs to assist in rehabilitation, as well as the provision of psychiatric services. It was strongly recommended that women not be held in the small county jails where they were isolated and without suitable programs. The report stated that "they (county

---

[17] Stubbs, Eileen; Study Commissioned by the Halifax/Dartmouth Metropolitan Authority , Halifax, N.S.: 1969

jails) present an impossible environment for a woman prisoner" and recommended that women who were confined to the small county jails should be transferred to the Halifax Correctional Centre.

It should be noted that in the 1969 report it was recommended that because a very small number of women required maximum security in a correctional facility, most required a home atmosphere in a minimum security setting such as a residential facility. The report called for extensive training for staff supervising women who are incarcerated and that there be better use made of community services and resources.

During the early seventies the inspector of Penal Institutions in Nova Scotia, the current Executive Director, Correctional Services, made it known to respective joint-expenditure boards that the conditions within county jails for the accommodation of incarcerated women was inadequate. He further directed that women who were on remand or serving (sometimes lengthy) sentences must not be accommodated in local county jails, but rather at the Halifax Correctional Centre. The Halifax Correctional Centre thus became the only facility in the province to house remanded and sentenced women. The county jails continued to serve as lockup facilities for police use.

In the mid-seventies, representatives of Correctional Services and private sector agencies interested in incarcerated women continued to recognize the need for residential accommodations for incarcerated women. In this connection a joint effort was made to develop residential programming in the City of Halifax for incarcerated women as an alternative to the Halifax Correctional Centre. Unfortunately, money was not made available to implement the program.

In 1977, the provinces of Nova Scotia and New Brunswick undertook a joint study of incarcerated women, to describe the characteristics of this population, to evaluate existing services, and to make recommendations for improvements required in programs and facilities. The report[18] was critical of the services provided to women, and suggested that extensive changes in institutional programming were required. A recommendation was made that increased emphasis be placed on the development of employment skills and personal growth through inmate participation in community programs. At the time the study was undertaken, there was concern about the duplication of programs, and accordingly it was recommended that "institutional personnel establish mechanisms for making use of existing programs conducted by community agencies and departments" rather than developing in-house vocational and educational programs.

The need to develop resources in the community was expressed. The report recommended that efforts be directed toward the development of probation hostels, residential centres, and multipurpose centres to provide correctional officials and the courts with alternatives to secure correctional facilities.

There was an acknowledgement of the important role played by correctional staff, and the need to support them through the provision of appropriate training. "Increased emphasis should be placed on the training of female correctional staff in order to promote an awareness of overall corrections objectives and foster acceptance of volunteer groups within the institution."[19]

---

[18] Nova Scotia, The Female Offender in Nova Scotia and New Brunswick. Halifax: 1977

[19] Ibid

The report recommended against the construction of a separate institution for provincial female inmates in Nova Scotia, and against the construction of a federal regional secure facility for federal female inmates from the Atlantic Region.

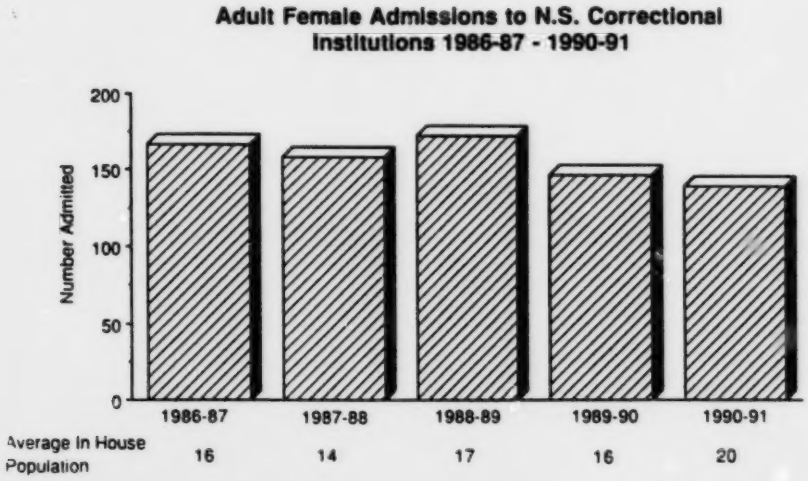
A study completed in 1984 by C. Manderson entitled "The Female Offender in Nova Scotia" reiterated the recommendations contained in the 1977 report. Noting that few women sentenced to incarceration required a secure setting, Manderson recommended that community residential facilities be established in Halifax and Sydney. The report recommended that priority be given to implementing job readiness programs, and that further research be undertaken to explore why existing drug/alcohol programs were not adequately addressing the needs of women. Consistent with so many previous studies, Manderson reported that incarcerated women suffer from multiple problems "some of a personal nature (i.e. lack of self-confidence, drug and alcohol abuse) and many of a social/economic nature (i.e. lack of job skills, employment and decent housing)." Also consistent with previous research, the conclusion of that study was that many of these needs were not being met.

The Halifax Correctional Centre was not intended and therefore not designed as a provincial facility to accommodate women. The female unit at the Halifax Correctional Centre, therefore, did not provide program activity for women remanded or sentenced from Halifax City/County Courts, let alone women from the entire province. Women continue to be isolated from families and home communities; a problem identified by a series of reports and reviews carried out over the years. Deficiencies recognized some years ago continue to exist because of inadequate and nonfunctional space for the appropriate confinement of incarcerated women in Nova Scotia.

Facility deficiencies notwithstanding, the administrators of the Halifax Correctional Centre found themselves in a most difficult position as the Halifax Correctional Centre became identified as being a provincial facility for incarcerated women. The county jails and correctional centres throughout the province of Nova Scotia were at that time the responsibility of the respective joint-expenditure boards. The Halifax Correctional Centre was the responsibility of the Halifax, Dartmouth, County Metropolitan Authority, until April 1, 1986 when the province of Nova Scotia assumed responsibility for the ownership and operation of correctional facilities in the province. Over the years numerous attempts were made by Correctional Services to improve programming for the women confined to the facility but met with little success because of nonfunctional accommodations and few resources.

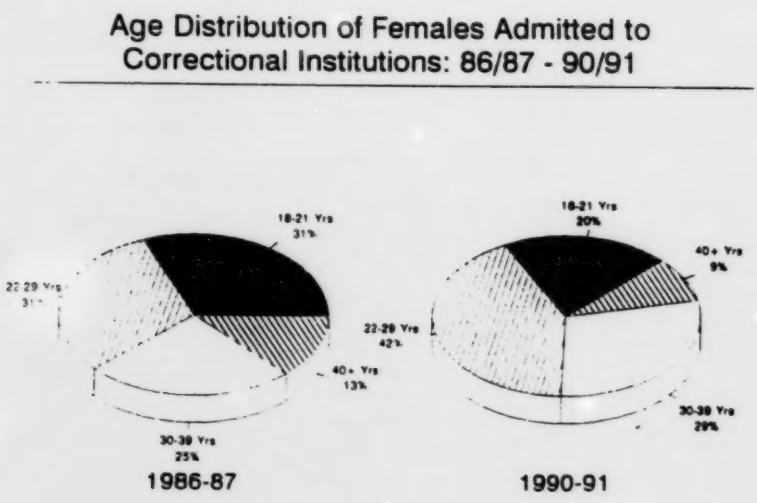
STATISTICAL PROFILE - INCARCERATED WOMEN IN NOVA SCOTIA

Fig.1



During this 5 year period, the number of admissions has decreased 16% from 167 to 140, although the average daily count has increased from 16 to 20 (+25%) (fig.1). This is as a result of an increase in the average length of stay.

Fig.2



The age distribution has remained fairly constant over the 5 year period (mean age 28 in 1986/87 and 29 in 1990/91), with a slight trend toward fewer admissions in the 18 to 21 age group (31% in 1986/87 as opposed to 20% in 1990/91) (fig.2).

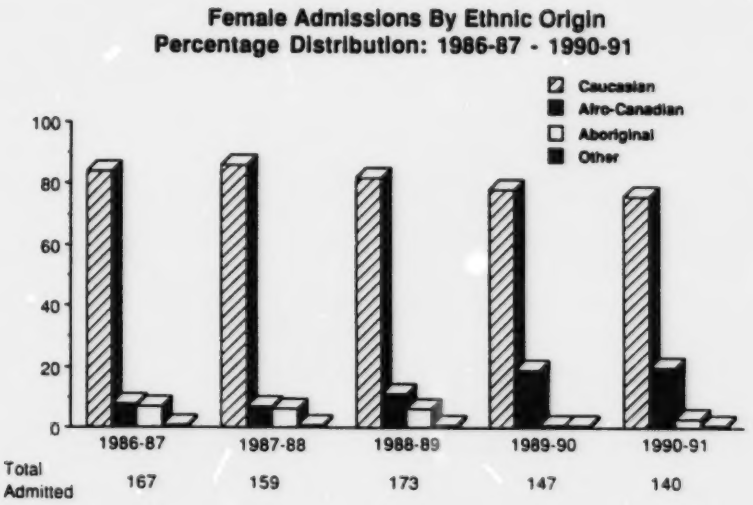


Fig.3

Aboriginal women are infrequently incarcerated in Nova Scotia correctional institutions (e.g. 4 admissions in 1990/91). There has, however, been a significant increase in admissions of Black women over the period (13 in 1986/87 to 27 in 1990/91). In 1990/91 Black women constituted 20% of total admissions (fig.3).

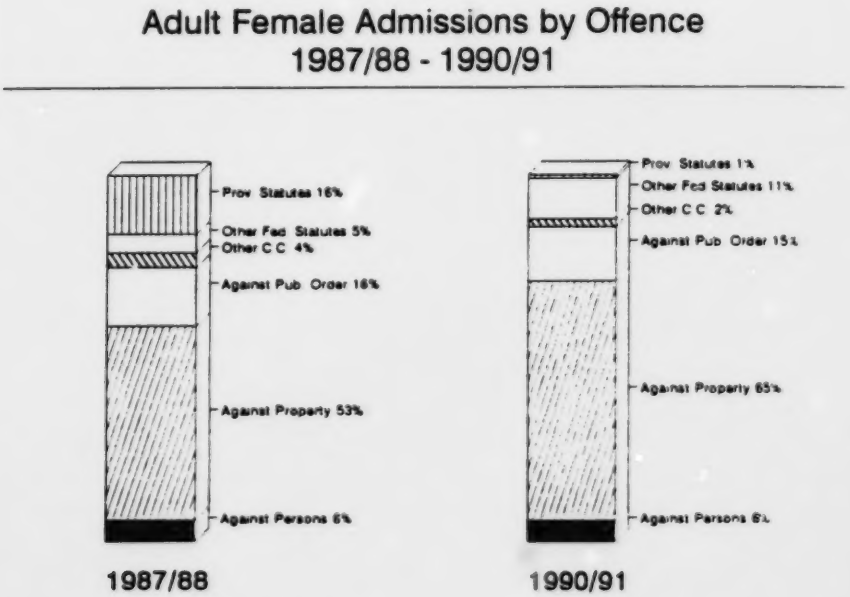


Fig.4

In 1990/91, fully two-thirds of female admissions were for crimes against property, primarily theft, fraud and forgery. Only 6% of the women were admitted for crimes against person (primarily assault) (fig.4). The offence distribution has remained fairly constant over the 5 year period with one exception. Until 1989/90, admissions for provincial statute offences (i.e. mainly for fine default), were common (i.e. 16% of total admissions in 1987/88). As a result of the Hebb decision of the Nova Scotia Supreme Court, automatic imprisonment for fine default has been eliminated and a Fine Option Program provides an opportunity for offenders to perform community service work in lieu of fine payment or incarceration for default.

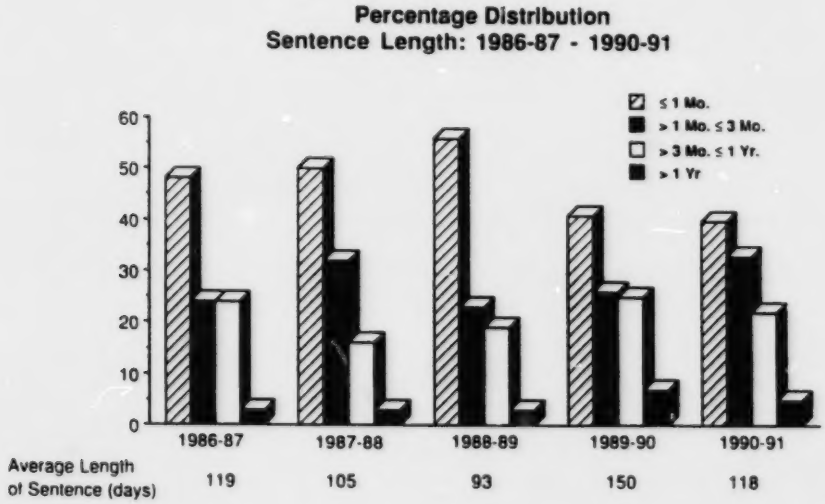


Fig.5

The distribution of sentence lengths has not changed dramatically over the 5 year period, (fig.5) although the proportion of women serving the shortest sentences has decreased slightly as a result of Hebb. Very few women (less than 6 a year) are sentenced to terms of more than one year.

The number of remanded admissions has increased 37% over the period (fig.6). In 1990/91, the average length of stay on remand was 4.4 days.

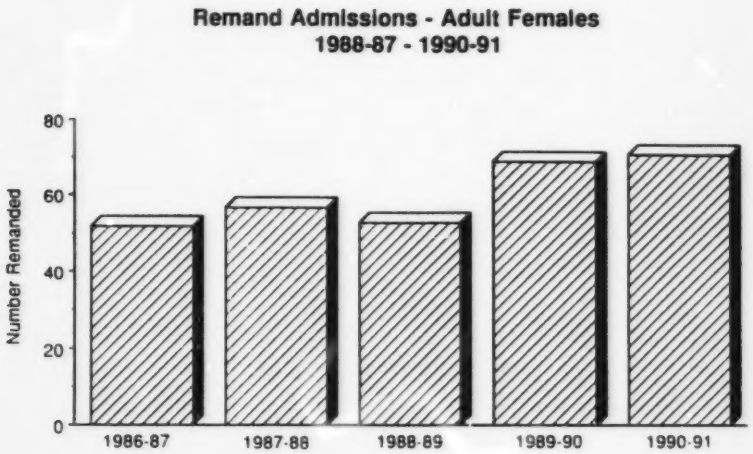


Fig.6

The average time served per admission has increased over the 5 year period (fig.7).

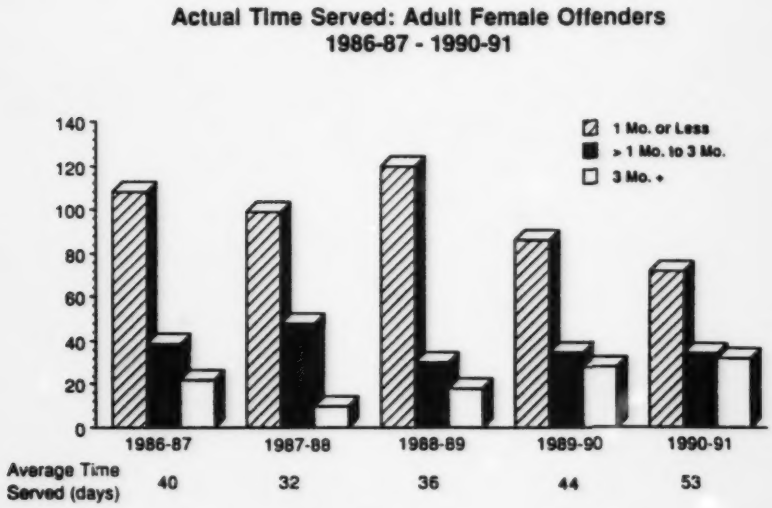


Fig.7

THE SOLICITOR GENERAL'S SPECIAL COMMITTEE ON PROVINCIALLY INCARCERATED WOMEN

In October, 1991, the Solicitor General of Nova Scotia, the Honourable Joel R. Matheson, Q.C. appointed a special committee with the mandate to examine the needs of provincially incarcerated women with respect to institutional program services, nature of correctional facilities and aftercare services. The Solicitor General requested the committee to assess the extent to which existing programs meet the needs of the incarcerated woman and to make recommendations regarding short and long-term strategies for the provision of an optimum level of service to these women.

It was recognized by many that most women in our correctional system are socially disadvantaged and lack options due to unemployment, racism and a lack of social support networks. The unique characteristics of the incarcerated woman in provincial correctional facilities pose distinctive problems which require creative solutions. Furthermore, it was well recognized that the existing facilities and programs for the incarcerated women in Nova Scotia are inadequate and do not meet the needs of the incarcerated woman. It was the view of most that the strategy for meeting the needs of this category of offender can best be determined through a cooperative, consultative process involving staff of correctional services, other departments of government, community partners and the women themselves.

The following terms of reference were given the committee:

- determine the characteristics of the provincially incarcerated woman population in terms of family history, social history, educational attainment, vocational/skills training, employment history, medical problems, alcohol/drug abuse, criminal histo-

ry, etc.

- identify programs and services required to respond to women's needs both within the correctional facility and the community;

- determine deficiencies in the existing programs available to women;

- propose an optimum configuration of programs, services and facilities provincially, and;

- develop a short-term and long-term plan for meeting objectives.

A broad range of individuals and organizations were consulted so that the committee could receive the views of as many people as possible on the important subject of the needs of the provincially incarcerated woman.

In this endeavour, over 120 requests for written/oral submissions were sent to judges, lawyers, doctors, interest groups, agencies, associations, federal, provincial, municipal and private organizations, and citizens.

To extend this outreach an advertisement was placed in the Chronicle-Herald/Mail Star newspapers and notices were handed out for distribution to malls, churches, and other community centres throughout the province.

In addition to the requests for submissions, consultations were held with Halifax Correctional Centre staff January 27, 1992 and the women at the Halifax Correctional Centre

February 9, 1992. The following public consultations were held:

Halifax metro area ...February 4, 1992
Yarmouth area .....February 11, 1992
Sydney area .....February 13, 1992

The Committee met on a weekly basis and operated by way of consensus. In addition to the weekly meetings the co-chairs met regularly. A number of resource persons were contacted by representatives of the committee and interviewed by the committee. The Committee also researched numerous sources of literature for information related to women in prison systems. Special all day workshops were held by the Committee to focus on the committee's role and the writing of this report.

Meetings began in November of 1991 and continued through February of 1992, with the writing of the final report in March. Interviews were carried out in December and January. While the original target date for submitting the Report was January 31, 1992, it soon became evident that such a time frame would restrict the quality of the committee's work. The following pages contain a summary of the committee's findings.

What We Heard.....

We asked women if they would like to share any thoughts with the committee, aside from the questions they answered in the interviews. Here is what some of them said:

"I feel that the facility does not offer anything to the women that are here. Our days are long and people get edgy. All we have to do is think and this makes it hard. There should be counselling and legal information made available from outside, with easy access to these."

***

"I hope this really goes somewhere and that it helps, because it feels that some changes are definitely needed."

***

"I hope some changes will come from all this at the HCC, for the women there now and those in the future. I hope I'll never see the inside of the correctional centre again. Good luck to the Committee!"

***

"I just hope this is not a waste of time and that something is done with all of this information - besides making statistics."

***

"Please look at it this way: tax dollars would be better spent allowing women more access to choices which applied to each particular situation, through trained professional counselling and follow-through by outside community agencies and self-help groups, and society would benefit in the long run. More input is needed by inmates."

"I don't think anyone with a drug problem or an alcohol problem should be put in an institution. They should be able to do their time in a detox centre. At least that way they are given a chance to get the help they need. People deserve a chance but they don't get that chance in jail .... Most of the people I know who have been in jail have gone back. It really doesn't help locking them in a cell and not working with them."

***

"You cannot take a woman and a man who both have emotional problems and/or addictions and mix them because they will try to lean on each other .... There is too much sexual contact, women feel humiliated. Too many snide comments. The men are always judging the women. We need the support of other women, especially women who have the same backgrounds that they can talk to."

***

"You can't be locked in a cell and be ok. You either give up or fight."

***

"I would like to see changes made for the better for inmates, so that their time will go faster and more productively, and they will have pre-planned release. There should be more housing and shelters for women who are getting out of HCC, more programs and training for women who are just getting out of jail."

***

"I feel positively that provincial women should not be housed in the same facility as federally sentenced women!"

***

"If I ever have to go back to HCC and things aren't changed, I mean this with my heart and soul, they'll carry me out in a bag."

RESEARCH

"Listen.....to our story and our circumstances!"

The most valuable information for our work came from provincially incarcerated women themselves. Our first and foremost guiding principle is based on an acknowledgement that women know best their problems and needs. It is only because they have been generous in opening their hearts and sharing information with us that we are able to comment on the reality of their lives. Members of the special committee worked hard to ensure that our recommendations reflected those realities.

One profound reality became evident when we began to contact women to be interviewed. It was our intention to interview every incarcerated woman who was willing to participate as well as a selection of women who had been released from the Halifax Correctional Centre in the previous year. In addition, we would interview any women who had been released less recently but expressed a desire to talk with us.

When we generated a list of over 140 women and began our attempts to contact them, we were only able to locate five women through addresses and phone numbers on file. This emphasized for us the first reality: that women's lives disappear when they go to jail. On release, they no longer have a home, a phone number, a job, or often, their children.[20] The women we were able to contact through the list were usually living with their parents.

---

[20] Out of 23 women interviewed who have children, only one had a partner or spouse caring for her children while she was incarcerated.

This problem reduced the number of our intended sample by about half. In the end we interviewed 33 women. Interviews took place at the Halifax Correctional Centre, Elizabeth Fry and Coverdale offices, and, in a couple of cases, the women's homes.[21] The interviews were open ended and dealt with issues including women's connections with family and community, their history of conflict with the law, their experiences of substance addiction, physical, sexual and emotional abuse, educational and employment status and needs, and their experiences within the criminal justice system from the time of arrest to release. In all of these areas, we asked for their suggestions and recommendations for change. All of the interviewers were women, none were employees of any government department, and all Black and Aboriginal women were interviewed by women of their own race. All interviews were conducted in private and respondents were not identified in any way.

In addition to the interviews, members of the committee met with women at the Halifax Correctional Centre as a group, the day following the announcement of the formation of the Special Committee. At this time we discussed membership of the committee, and proposed a process for discussion. In general, women said the proposed methodology was one they felt safe with. They also expressed they were encouraged that, instead of change being announced to them, it was beginning with them.

At this time, women talked briefly about their concerns, so that we could ensure we asked the right questions. A second consultation took place once the data had been compiled and analysis begun, in order that we could "play back" what they told us, and ask for clarification in terms of suggestions and recommendation. A third meeting was arranged to discuss specific issues further.

---

[21] Women were reached through the Halifax Correctional Centre, contacts with Coverdale and Elizabeth Fry Societies, and newspaper advertisements. Participation was completely voluntary and confidential.

Our second source of information was the solicitation of submissions from professionals at various levels of the justice system, as well as those working with women in the community. Many people expressed frustration that the time period was too short to allow preparation of formal submissions, but we were able to obtain a number of thoughtful papers.

A special consultation was held with Halifax Correctional Centre staff, who were invited to share concerns and ideas with community members. Staff were invited to reply through a variety of avenues; by letter or written submission, by telephone or in person, individually through their choice of committee member, or in a closed meeting held in Bedford in January. Four representatives attended the latter two hour session, and one of these also replied in writing.

Community consultations were held in Yarmouth, Sydney and Halifax. A total of about 60 people attended these meetings, representing a variety of interests including cultural communities, women's groups and services, counsellors, therapists, academics, correctional administrators, sheriffs, parole and probation officers. A summary of consultations and submissions appears on page 36 of this report.

Interviews were held with a total of 33 women. An administered questionnaire was used, with primarily open ended questions. Women were advised that they could opt out of the interview at any time, skip questions, or add notes on areas they felt were not covered by the interview.

The interviews were broken into 13 sections, in which women were asked questions about their arrest and lockup conditions, health, substance addiction, children, family and community, histories of abuse, conditions in the correctional centre, program needs, and

suggestions for change. Due primarily to the style and nature of the interviewing model and content, reporting and charting of quantitative, demographic and socio-economic variables, including history of previous charges did not have the consistency offered by a quantitative approach. Given the ready availability of "hard data" from administrative information systems, this limitation is not overwhelming. Nevertheless, the committee agrees that ongoing monitoring of such characteristics of incarcerated women is important for effective functional planning.

Following is a summary of what they told us; we often use their own words, as we could not possibly express these realities better than they can.

SUMMARY OF INTERVIEWS WITH PROVINCIALLY INCARCERATED WOMEN

> *At first I couldn't take this place. You see only the trees when you're outside. At first it was beautiful to watch the trees change colour but now they're naked. I don't mind the place. It's the waiting as to what will happen to me, appeal or no appeal." (a Mi'kmaq Woman at Halifax Correctional Centre)*

It was understood by the committee from the beginning that in order to examine the needs of provincially incarcerated women, it was important to understand their journey into and through the criminal justice system. In order to approach this understanding, we asked them to tell us about their past, their present, and their hopes and dreams for the future.

Violence

> *"I suffered every form of abuse for over 30 years, both as a child and as an adult, from my parents, relatives and partner."**

For many, the journey began at home. Twenty-six of the 33 women interviewed reported they had been physically abused, 19 as children or teenagers. Twenty-one reported they had been sexually abused, 16 as children or teenagers. Twenty-seven had experienced emotional violence. In all, 30 of the 33 women interviewed had been physically or sexually abused, and all had experienced at least one of the three categories of violence.

> *"When I was a baby, my mother tried to kill me with a BB gun.... She told the cops she hoped they'd hang me."*

In all three categories, parents or family members were the most frequent perpetrators, with spouses or partners coming a close second.

> *"They tied me to a tree and (used sticks on me), because I told them I didn't want to do it because they were my cousins. That night I went home and told my mother and she beat me. They would climb into my window at night and Mom would beat me for it."*

---

*Text in italics represents quotes from interview responses.

Typically, women found little support in surviving the trauma they experienced. They often found themselves going from abusive childhood situations into abusive relationships with partners and spouses. Programs, they found, were either not available or did not respond to their needs.

"The abuse is still happening...."

Addiction

"I have been addicted to alcohol since I was 13 years old. It got worse toward the end of my marriage."

Consistent with other research on incarcerated women, 24 women reported they had significant problems with drugs, alcohol or both. Twenty-one said these had played a part in their trouble with the law, and in 20 cases treatment had either been ordered or recommended by a judge or probation officer, though such treatment is generally not available in our correctional system for women.

"I took part but not by choice. ....it was with a bunch of old men; I was the only woman. We have no facilities in Cape Breton at all, everything is for the men."

While 20 women had participated in programs to treat their addictions, many found the programs did not respond to their needs.

"I was uncomfortable. The place was filled with strangers, all from a different background, different language, different needs,. I would have liked to attend where I could have expressed myself and been understood."

According to Dr. H. MacLean[22], treatment for women should be directed toward dealing with previous or current abuse as these may be viewed as high risk situations for relapse. It is important to alter a survivor's self-blame in order to increase self esteem, or teach skills that will reduce vulnerability to future victimization. Consistent with this view, programs the women found most helpful were women-centred or based on individual

---

22 Dr. Heather McLean, Prison for Women, National Parole Board Workshop, November 1991, Ottawa

counselling. They felt it was important to deal with the painful issues in their lives in the company of others who understood them.

"The 28 day program for women only was very helpful; it was instrumental in my quitting drug use. I would like to take drug programs for women only."

"Me and the girls got a good look at where each was coming from with drugs and how our problems were related."

Self Injury

"I would bang the walls and doors with my hands and knuckles, breaking my knuckles, cutting my hands. I broke my arm once."

For some people, drug and alcohol use may start out as a way to cope with painful experiences such as childhood abuse. According to Jan Heney[23], self injury is another coping strategy that manifests itself as a result of childhood abuse (usually sexual). Twelve of the women we interviewed reported a history of intentional self injury.

"....if I disappointed my mother in any way, or if she made me mad....or if my father came home drunk...."

Women talk about self injury as something that happens when they are in crisis, and say that it actually brings about some release from their pain. Self injury includes slashing, burning and sometimes breaking bones. Typically, correctional institutions respond to such actions in a punitive, rather than supportive manner, which may in fact exacerbate the crisis.

Arrest

"A (police officer) grabbed me.... and blackened my eye, left handprints on my throat and marks on my ribs and arms...."

---

23 Jan Heney, M.S.W., Report on self-Injurious Behaviour in the Kingston Prison for Women, January, 1990 (revised)

Certainly the abuse women had suffered helped frame their social experience; it contributed to low self esteem, feelings of worthlessness, powerlessness and low expectations of the future. Their conflict with the law brought them into another level of this powerlessness. We talked with them about their initial experience, when they were first arrested and held in police lockups, through to their experience of the court process. Although some commented on the fair treatment they received, most of them felt they had been treated badly by police,

> *"I was interrogated in lockup for seven hours without being allowed to call my lawyer. I was not allowed any phone calls. Police said I was not being charged, but I was not allowed to leave or make calls."*

Complaints included lack of information, rough treatment, not being permitted to change clothing, being shackled and thrown into a police van while pregnant, refusal of treatment for injuries, refusal of phone calls, and verbal abuse.

Once charged, all but nine women retained lawyers. Most understood what happened in the courtroom, but only half were satisfied with the way they were represented. Those lucky enough to have access to Coverdale courtworkers usually found them very helpful.

While very few of these women would be considered a threat to society, they were treated, even before a court of law had found them guilty, with a lack of respect and dignity that they often described as brutal. For many, the time between arrest and sentencing passes in a blur of confusion, powerlessness and trauma. This helped frame their experiences within the criminal justice system.

Health Care

> *"I was drug addicted, and knew I would have to crash without any medical help...."*

Women entered the Halifax Correctional Centre with a variety of health concerns, chronic and acute, ranging from substance withdrawal to pregnancy, post surgical complications, infections, cancer and injuries. Under present conditions, women felt their illnesses were not dealt with adequately, nor were they treated with respect or dignity.

"The doctor was new to me. I believe he should know a little more of my health history."

In general, women wanted to maintain contact with family doctors or specialists, especially when they had serious chronic conditions. They felt uncomfortable with the "all male" medical staff, and the fact that examinations and consultations were carried out with the male doctor, male nurse, and administrator of the female unit in the room. They felt they should have access to female medical staff, and privacy for medical care.

> *"I feel it should be a female medical and psychological staff, and the matron should not be present for physical internal exams."*

Three quarters of the women interviewed said they needed psychological or psychiatric treatment or counselling, and all but three felt such help was unavailable or not satisfactory. They felt therapists were needed, people who would understand their experiences and would have time for them. They expressed frustration at being treated with drugs instead of helped to deal with their problems. They also felt that more understanding and therapeutic support were needed for those recovering from addiction.

> *"There's got to be a greater awareness of narcotic addicts.... They need to look past the fact that we're junkies and know we are sick."*

Fitness

In general, women felt their physical fitness decreased while they were incarcerated. Apart from medical concerns, they blamed this on lack of both exercise and healthy food choices. They felt this could be improved by cooking their own meals (meals are presently cooked in the men's unit and delivered to the women) and by having more access to exercise equipment and space, outdoor activity, and team sports. When asked what other recreational activities were currently available, they mentioned only bingo and

crafts.

Education and employability

"I need more than a GED."

Similarly, education and employment opportunities were seen as very restricted. Half of the women we spoke with told us they had not gone past grade nine in school. Less than half relied on paid employment for their income. When they did work, most were employed in domestic or manual labour capacities, or worked in stores or restaurants. Only cleaning, laundry and dishwashing were reported as available work in the institution. Women felt it would be better if there were some training available while they were incarcerated, so that upon release they would have a better chance of being employed.

Motherhood

"The oldest ones are adopted to someone, but I took care of the two youngest. I was with them all the time."

Over two thirds of the women in our sample were mothers, about half of them with children under 12 years of age. Seventeen were single parents. All worried about the kind of care their children were getting - most were in foster care or with parents. Only one woman had a spouse looking after her children.

"We need open visits, physical contact with children. I'd rather not have any visits than have them the present way."

Women who had access to their children were very concerned about the level of contact they were able to maintain while incarcerated. Mothers told us that sometimes it was

emotionally harder to see their children than to not see them; they have to talk through a glass divider, and they say it is too hard on the children and on themselves not to be able to touch.

"Take the glass away. Sometimes a hug is better than words...."

Women suggested longer visits, and more open visits in a less frightening area, so that they could take the time to make children feel comfortable with them.

"I think mothers and children should be able to speak in a room where they can have an opportunity to be able to touch - hug, kiss, and be able to play, read a book..."

Contact with children is presently very low, with only 7 women reporting sporadic contact, and 11 having no visits at all. In addition to the visiting conditions, distance was cited as a problem.

Women also had concerns about how they would deal with children upon release, and felt they needed help in preparing for this. Women in the community related how difficult it was to try to return to relationships.

"Yes, my older daughter feels I just up and left her.... she still resents me and brings it up if we argue."

Videos, books, counselling and parenting courses were all suggested, as well as help in pre-release planning that took into account the children.

"...a home-like environment where we could live like a normal family."

Women who wanted their children with them in a halfway house expressed a need for support for both mother and child, and a normal living environment in order to keep the child and the relationship healthy. Those who preferred not to have children with them were concerned about restrictions imposed on the children, as well as the possibility of a stressful or unclean environment.

Maintaining relationships

> *"It's a long drive (for my husband), five hours away, just to visit me for one hour - plus, the visit was behind glass. The guards should have a room outside and watch, instead of being right in the room with you."*

As with children's visits, women expressed a great deal of frustration with visiting conditions. While 27 of the women interviewed said they received support from family and friends, they said real problems were created by distance, short visits and lack of privacy for visits, phone calls and mail. In interviews and at group meetings, women spoke of the frustration of trying to keep relationships healthy when problems could never be discussed in private. One woman told us of trying to resolve a conflict with her partner while a correctional officer sat nearby and chastised her whenever she expressed anger.

> *"There's not one earthly bit of privacy here."*

Life inside

> *"We are shoved in three rooms 24 hours a day, everything's tense, people are not minding their own business, there is boredom, playing games."*

Frustration was a key theme when we asked how people got along in the HCC. Women blamed conflicts on boredom and stress and the lack of privacy, but said these conditions were further worsened by an unclear understanding of the rules and inconsistencies from day to day and staff member to staff member.

> *"No standard rule seems to apply to everyone; some would get away with more things, while others were punished for the exact same thing."*

They felt many restrictions were unreasonable, and punishments often out of proportion to the offence. Some felt these problems were even greater for Black women, and stated that lesbian women were treated differently and punished more often than others. In general, women felt that staff could benefit from sensitivity training, education around women's issues, race relations and the realities of street life, as well as crisis management techniques.

"Training should be geared to women's problems, women's health, an understanding of the abuse women have lived through."

Better conditions for both inmates and staff were also seen as necessary to alleviate some of the problems. Respondents believed that if there was more to do they would not be so "stressed out" and therefore discipline problems would diminish considerably.

Alternatives

Finally, we asked women about the kinds of programs they needed, aside from those already discussed, and how they felt about alternatives to the Halifax Correctional Centre. A wide range of programming was suggested, with release planning at the top of the list. Others seen as important were parenting, coping with incarceration, Black and Native cultural and spiritual programs and education on legal issues. Contact with community groups was seen as vital, though many indicated they were not even aware of the range of services and resources offered in the community. Many women felt it was important to have workers who shared their experience.

"They can get a better understanding of what you're going through, maybe they went through it themselves and maybe they'll know how to talk."

Asked to choose from a list of facility options that included co-correctional, shared with federally sentenced women, and a different provincial facility, 20 of the 33 women preferred "small community residence as close to home as possible." Being close to home was primary; other important factors included access to programs, being with people serving similar sentences and being in a "women only" environment.

"I don't think they (male staff) *belong there. We're all women...."*

When asked about men working in a women's facility, 20 expressed concerns, usually around lack of privacy, possibility of sexual abuse, and abuse of power. Women who had been abused by men found it difficult to feel safe with men in positions of power. In the group meetings, women expressed that while some had no real problems with men in the

facility, they could see how survivors of sexual abuse would feel threatened, and felt it was unnecessary for men to be there.

"Victims of rape are intimidated by men for a very long time."

CONSULTATIONS

"You can't teach someone to live in the community by taking them out of it." (speaker in Yarmouth)

In February 1992, consultations were held in Bedford, Halifax, Yarmouth and Sydney. As well, several written submissions were received in response to our requests. The committee was impressed and encouraged by the obvious caring and support of community members and community based corrections workers.

The most predominant issues revealed by the submissions and community meetings concerned women as security risk, lack of programs in the institution and the community, the removal of women from their communities, and the lack of correctional response to women's special needs as survivors of abuse.

From all directions we heard that the correctional response to women is woefully inadequate and inappropriate. The shared feeling seemed to be that only a very small number of women in our system could be considered a risk to community safety. Both correctional workers and judges found there was seldom a need to incarcerate women. Several presenters suggested alternatives to incarceration, such as shoplifter programs and greater use of community service orders.

Repeatedly we heard of a need for specialized counselling to deal with substance addiction and survival of physical and sexual abuse. While a couple of contributors felt women and men could be accommodated in the same programs, the overriding view was that women must be in an environment which they consider safe, that programs must be designed to deal with the special needs of women, and that they must be women-centred and women-driven. It was commonly felt that the safety and healing features of these

programs could not be assured without female staff and therapists who operate from a feminist understanding.

The pressures experienced by Black and Aboriginal women in the system were expressed in all parts of the province. It was felt that more attention had to be paid to hiring outside the White community in order to address the problems; in some areas there was also some concern that Acadian women were at a disadvantage in the present Halifax Correctional Centre location. It was seen as essential that women in correctional facilities have steady contact with members of their cultural communities, and that racism in the system be recognized and addressed.

In the outer reaches of the province we heard a unanimous call to return women to their home communities, where they could be supported and cared for, and where relationships could be maintained. It was seen as a real tragedy that women were cut off from family and community: difficulties in making telephone contact or travelling to the Halifax Correctional Centre for visits were discussed, as well as the inconvenience of visiting times. Small residential centres were seen as a way women could be "confined with dignity."

GUIDING PRINCIPLES

In April 1990, the Nova Scotia Legislative Assembly unanimously endorsed, in its entirety, the Report of the Task Force on Federally Sentenced Women, and called for the implementation of the recommendations it contained. The Solicitor General's Special Committee on Provincially Incarcerated Women echoes this support, and recognizes that the Task Force Report, notwithstanding its focus on federally sentenced women, provides a unique and comprehensive view of incarcerated women in Canada, and of the way in which they are dealt with by our criminal justice systems. The principles articulated by the Task Force have also served as guiding principles in our work. We hope our effort within these principles will go even beyond the scope of the Task Force, to bring the communities of Nova Scotia into a more positive and restorative correctional process. The guiding principles adopted by the committee and stated here were excerpted or adapted from the Report of the Task Force on Federally Sentenced Women.

Empowerment

"The inequities and reduced life choices encountered by women generally in our society, and experienced even more acutely by many incarcerated women, have left these women little self esteem and little belief in their own power to direct their lives. As a result, they feel disempowered, unable to create or make choices, unable to create a more rewarding, productive future, even if realistic choices are presented to them. This problem is exacerbated by the racism experienced by (Black and) Aboriginal women".[24]

The committee recognizes that incarcerated women, as well as women in our society at large, live with the realities of sexism, racism and violence in their daily lives. The

---

[24] Report of the Task Force on Federally Sentenced Women, p. 105

women we spoke with often told us of these experiences beginning very early in their lives, and of feeling powerless to do battle with them. When women offered criticisms of the correctional system's treatment of them, they often prefaced their complaints with "I know I need to be punished, but...." and ended by telling how frustrated they were that they had no control over even the little things, like what to eat, wear or read.

If we expect incarcerated women to function as responsible, law abiding members of society, we must step back and allow them to reclaim or discover control over their own lives, while offering them support and resources to facilitate empowerment. Historically, women have been treated as "child like" and dependent, needing protection and guidance, as well as supervision. This is even more pronounced for incarcerated women. While we cannot, within the mandate of correctional services, change an entire society's harmful attitudes toward and treatment of women, we can help some of its victims acquire the tools with which to do battle effectively, tools such as self esteem, self determination, information on which to base reasonable choices, freedom from dependency, and the skills to survive in a frightening world.

The Task Force on Federally Sentenced Women reminds us that "Increased self esteem can reduce violence against self and others. Research has shown that violence is often linked to perceived loss of control over another person or over life conditions." The need for such empowerment and self determination in order to remain out of conflict with the law was repeated again and again as we heard from incarcerated women, community members and corrections professionals.

The first step in such empowerment is to recognize that women know what is wrong in their world, and to listen to them when they tell us what will help to make it right. It is on this principle that we founded our belief that incarcerated women were the best

source of information and expertise in our search for solutions. The next step is to act on what they have told us, and to support them in their struggle to be strong.

Meaningful and Responsible Choices

"In order to have a sense of control over their lives which will raise self esteem and empowerment, women need meaningful options which will allow them to make responsible choices. These choices must relate to their past experiences, their culture, their morality, their spirituality, their abilities or skills, and their future realities or possibilities. Meaningful and responsible choices can be provided only within a flexible environment which can accommodate the fluctuating and disparate needs of incarcerated women."[25]

Provincially incarcerated women in Nova Scotia presently live within a totally inflexible environment in which no real choices are available, not just because they are not "allowed" the freedom to choose, but because there is simply so little to choose from. They are isolated and often ill informed about what kinds of resources exist, and are confined in a location and a system not designed to allow easy access to those resources. Because their numbers are so small, the problems of offering wide range services under present conditions are staggering. Their period of incarceration is simply a time to put their lives in limbo while the world spins on without them.

If women are to return to the community better equipped to live within the law, they must return better equipped to make responsible choices. This can only happen with practice.

---

[25] Ibid, p. 107

"Through real choices which make sense to them, women will gain control over their lives. Responsible choices are a part of building a life and learning how to survive upon release. If the period of incarceration is a time in which to prepare for release, part of the preparation necessarily involves helping women deal with the pressures as well as the power of making choices. If opportunities for meaningful and responsible choices are provided, life inside prison will better mirror life outside, and so will provide a more realistic environment in which to foster self-sufficiency and responsibility."[26]

Respect and Dignity

"...Mutuality of respect is needed among prisoners, among staff and between prisoners and staff if women are to gain the self respect and respect for others necessary to take responsibility for their futures....Spiritual needs, as well as cultural identity and practices, will be acknowledged as an integral part of the whole person, a part that cannot be ignored in seeking to rehabilitate and aid in the healing process of the body, mind and spirit. This principle is based on the observation that behaviour among prisoners is strongly influenced by the way they are treated; that if people are treated with respect and dignity they will be more likely to act responsibly. Respect is related to the four principles of the Aboriginal way of life: kindness, honesty, sharing and strength."[27]

Respect and dignity must form the basis for all policy and process instituted in correctional facilities for women. We must move away from the "self mortification" process common in total institutions and toward a recognition and celebration of individuality. In order to do so, the validity of women's lives must be recognized by both the correctional system and those working with incarcerated women. Women we spoke to indicated that

---

[26] Ibid, p. 108

[27] Ibid, p. 109

their lives, their culture, their relationships, and their status as mothers were not seen as valuable by correctional staff or often by workers in the community. This was illustrated, for them, by the lack of support for continuing relationships while incarcerated - such as visiting and correspondence policies - and issues such as parole orders forbidding them to maintain contact with friends or partners who were considered "known criminals", as well as a lack of understanding from community based workers when women return to the same friends and neighbourhoods where they came into conflict with the law in the first place. Too often we demand that women give up the lives and relationships they value, in order to satisfy our idea of what it is to be "respectable" and law-abiding.

In order to provide a place where a woman can grow in strength and responsibility, we must honour her right to make life choices. We must recognize the importance of her cultural and spiritual background, and accept the validity of her relationships and her ties with her community. If women are constantly fighting to hold on to some shred of dignity, to win the respect of those in authority, then there is no time or space for healing.

Supportive Environment

"Environment can best be understood in terms of a constellation of many types of environments....political, physical, financial, emotional/psychological and spiritual....A positive lifestyle which can encourage the self esteem, empowerment, dignity and respect for self and others so necessary to live a productive and meaningful life, can only be created *where* all aspects of environment are positive and mutually supportive."[28]

---

[28] Ibid, p. 110

The principle of supportive environment surrounds all aspects of our planning for incarcerated women. Only if there is safety can women concentrate on their healing; only if there is support can women begin rebuilding their lives; only if there are adequate resources can they acquire the tools of survival and success, and only if there is light and space and peace can they regain their health.

Shared Responsibility

"Governments at all levels, corrections workers, voluntary sector services, businesses, private sector services and community members generally must take responsibility as interrelated parts of society. This is essential in order to foster the independence and self reliance of (incarcerated women) which will allow them to take responsibility for their past, present and future actions. To make these sound choices, women must be supported by a coordinated and comprehensive effort involving all elements in society."[29]

It is a constant frustration in the provision of services to incarcerated women that systems of care are fragmented. Women in correctional facilities require at least as wide a range of resources and services as those of us in the community, yet they find barriers everywhere. Health care, mental health care, education and social services are just a few of the areas where there is a need for coordination of services and a renewed commitment to fulfilling legislated mandates. It is simply ludicrous to assume these very specialized services can be adequately provided by the correctional system alone. Organizations, businesses and the community at large, must begin to share responsibility for the health of their community, and come to see those who break our laws not as the source of all that is wrong, but as symptoms - and victims - of societal dysfunction.

---

[29] Ibid, p. 111

THE PLAN FOR SIGNIFICANT CHANGE

It was recognized by the committee early in the process that the reality of incarcerated women's lives was inseparable from the reality of women's lives in general. That women live with the threat of violence and the consequences of inequality is indisputable. The marginalization experienced by women at home, in the workplace and through our institutions is only exacerbated by such factors as racism, lack of education, geographic peripheralization, poverty and unemployment. In many ways the women we spoke to were not victims of a different kind of marginalization, but only victims to a greater degree by virtue of their conflict with the law. We struggled with the very immensity of the barriers they face, and the daunting task of separating the soluble from the insoluble within our mandate.

It must be understood that the responsibility for repairing the damage incarcerated women have sustained, and preventing the further harm and victimization that may result from their continuing pain, belongs not only to Correctional Services and the Criminal Justice System, but to the entire community. Within this context, the following recommendations were formulated. But the compelling message we received was that this is not enough. We must, if we want significant change in the system, work for a larger social change through education aimed at the community, the judiciary, legislators, educators and the helping professions.

In order to effect the kinds of changes that will have a significant positive impact on the lives of provincially incarcerated women, it is essential that these recommendations be seen as interlocking parts of the whole, and be implemented in their entirety. Our work and discussions with incarcerated women have made it abundantly clear that piecemeal plans are doomed to failure, and only contribute to a common public perception that such women are beyond recovery.

RECOMMENDATIONS OF THE SOLICITOR GENERAL'S SPECIAL COMMITTEE ON PROVINCIALLY INCARCERATED WOMEN

That the women's unit at the Halifax Correctional Centre be phased out by 1995.

That small, community residential facilities be established in the Western, Central and Eastern regions of Nova Scotia; that bedspace for provincially incarcerated women not be increased from present capacity.

That exchange of service agreements be negotiated with Correctional Services Canada for the care of the small number of women whose needs cannot be met within provincial facilities, and that continuity of care for all provincially incarcerated women be secured by Government interdepartmental cooperation.

That immediate steps be taken to meet critical needs through implementation of the Interim Recommendations contained within this Report.

WHAT DOES THIS MEAN?

That the women's unit at the Halifax Correctional Centre be phased out by 1995.

Without exception, incarcerated women, correctional workers, administrators and community members expressed to us that the present physical plant is inadequate in terms of living space, program and recreation space, design and location. Furthermore, it is recognized that the facility was not designed or intended to accommodate women in the long term. While some short term changes are possible in terms of program and administration, the committee agreed that the current physical space simply does not allow the development of a healing environment, the provision of appropriate programming, or access to women's families and communities, nor does it provide for a suitable living environment.

That small, community residential facilities be established in Western, Central and Eastern regions of Nova Scotia; that bedspace for provincially incarcerated women not be increased from present capacity.

Location

As we travelled throughout the province, we were told again and again of inequities experienced by women outside Central Nova Scotia in the event of their incarceration. Women told us of the isolation they experienced when family and friends had to travel long distances, often in treacherous conditions, for short visits. Still others told us their families simply could not afford to travel all the way to Lower Sackville. Moreover, when women returned to their home communities, they were faced with the task of starting over, often without any knowledge of agency networks that might be helpful to them. Finally, any release planning that could be done while at the Halifax Correctional Centre

was hampered by workers' lack of familiarity with the women's home communities.

The committee felt it was essential that women be housed as close to their home communities as possible, in order to facilitate the maintenance of family and community contact, the continuum of care, access to mainstream programming and holistic release planning.

Size

Correctional Services projections indicate no significant increase in provincial incarceration of women is expected over the next 10 years. Combined with this, an increased use of community alternatives should keep bedspace requirements stable or result in a decrease. Fear was expressed by incarcerated women, correctional administrators, community members and committee members than an increase in bedspace, combined with decentralization, might stimulate a needless increase in incarceratory sentences. Since the vast majority of provincially incarcerated women cannot be considered a danger to the community, it was felt that such widening of the net would not be beneficial, and would in fact be harmful.

Of women incarcerated over the past five years, 12% have come from the Western region, 19% from the Eastern region, and the remainder from the Central region, mainly the Metro area. Therefore small facilities were seen as necessary for the outer regions, with a maximum of 5 provincial beds each, and 12 provincial beds needed in the Central region, divided between two facilities.

Breaking an already small number of women into even smaller units has several advantages. Most obviously, it helps to avoid the adverse effects of institutionalization common to larger facilities. Correctional Centre staff pointed out that incarcerated women

function best in small groups when it comes to programs and cooperative efforts. Individual needs and concerns are more likely to be addressed with flexibility when house policies do not have to be generalized to large numbers and diverse interests, and collective problem solving is more likely to be included in administrative conflict resolutions if the numbers are manageably small.

Finally, the creation of a therapeutic environment is best facilitated by the lowest possible number of needy individuals in one place.

In addition to the 22 beds allocated for provincially sentenced women, six beds will be made available to federally sentenced women on community release, provided exchange of service agreements can be successfully negotiated with Correctional Services Canada. Therefore, a total of 28 beds in four residences is optimum. Eastern and Western regions would have 6 beds each, with two 8 bed facilities in the Central region.

Facility Design

Residential facilities will be designed to accommodate women with privacy in a safe environment. There must be optimum levels of space and light, with sufficient outdoor area to allow maximum access to fresh air without compromising security needs. Security, at the minimum level necessary, is to be dynamic rather than static, non-intrusive to the greatest extent possible.

Space must accommodate in-house programming, spiritual, recreational, child care and study needs. While community programming will be utilized whenever possible, in-house space must meet minimal needs. One facility would be identified to accommodate women less able to have access to community resources, and would require greater indoor and outdoor space allocation and diversity, while responding to security concerns.

At least three of the facilities will be designed to accommodate children's needs.

At minimum all facilities will include single bedrooms, bath, kitchen and dining areas, smoking and non smoking common areas, a quiet room, exercise/games room, meeting/program room, workshop/craft area, and family room. Bedrooms must be designed to accommodate a study area. At least half of the bedrooms in each of three residences must be large enough to accommodate child sleeping or living in. Yard space must be large enough to accommodate a garden and recreation space suitable for children.

One of the Central region facilities would be available to women requiring more intense programming, higher level supervision, and those not wishing to have children in living areas. A child-friendly visiting area and outdoor play space would be included in this facility for children.

In each of the three facilities, one bedspace would be in a semidetached or separate living unit that would accommodate release preparation or even family living. These units would be separate from the main residence, but would be supported by residence staff.

Programs

It is expected that wherever possible, women would avail themselves of programs offered in the community, with the assistance of residence staff and case managers. The first step is a front end assessment, which would take into account women's health and mental health needs, substance abuse, survival of physical, sexual or emotional abuse, relevant therapy needs, and court ordered programming. Next, employment, education and social needs would be addressed. Where women have children, all of these aspects must be seen in the context of their status as mothers. Within limits of the law, all individual

program planning is done with first consideration to the woman's expressed needs, and the process allows her to make meaningful choices and decisions.

Where women cannot be released to attend programs in the community, individual needs will be met through contracting with community service providers and other government departments to provide in-house support. Where women are incarcerated for very short periods of time there will be increased concentration on early intervention and linking with community resources.

Childcare

One area that will require extensive in-house coordination and support is childcare. Facilities must offer an opportunity and appropriate environment for children to live with mothers to the extent possible based on the rights and needs of mother and child. In the determination of each case, a plan will be developed cooperatively by mother, child, significant others, facility administration and child welfare representatives. Where living in arrangements are not possible because of the needs of the mother or child, there must be sufficient space and resources to facilitate the maximum time and quality of contact. Withdrawal of contact must never be used as a punishment.

A functional plan will address issues of accommodation and programs, age limits and liability, as well as spatial and program requirements.

Where children are living with family members or in foster care, Correctional Services must facilitate the most frequent possible visiting, allowing schedules flexible enough to accommodate caretakers, travel and school.

Medical/Health Care

Women in the residential facility will have the same rights with regard to health and medical care as members of the community at large, including the right to private consultation and examination, choices about treatment, and the right to refuse treatment. In recognition of the high numbers of survivors of abuse in this population, and the high number of cases where the perpetrators are male, women must have access to female physicians and nursing staff.

Women will have access to a medical examination as soon as possible after admission. Appropriate supportive care for substance withdrawal will be supervised by a physician; it is important that staff who are trained in the area of substance withdrawal and recovery be available to work with women particularly in the period just after admission, to ensure that the resident's condition is kept as stable as possible. Where women are taking prescription medications upon arrival, medication should be continued until a physician decides otherwise; if prescription abuse is an issue, a humane and clinically appropriate withdrawal regimen will be set out by the attending physician.

It must be recognized that, in many cases, chronic health conditions are exacerbated by stress, and certainly the entire process of arrest, court process and admission to a correctional facility constitute a time of stress. It was seen as very important that women have access to their own physician wherever possible and that the attending physician make contact with the family doctor and arrange a transfer of relevent medical records - with the resident's consent. Any medical treatment that was underway before admission, including follow-up, must be continued on schedule. Wherever possible, this will be continued by previously attending physician or health care worker; if this is not possible, continuation of treatment must be rescheduled with appropriate caregivers immediately. Women who are experiencing acute medical or psychiatric illness requiring more inten-

sive care will be transferred immediately to the appropriate facility.

In each residence, there will be a full time or part time nursing staff whose responsibility it will be to arrange medical appointments at the request of the resident, provide health education, and design protocol for the dispensing of medications. Medical records will be managed by the attending physicians, with confidentiality guidelines the same as would apply to patients living in the community.

Mental Health

Recognizing that women in a correctional facility are often in crisis, both acute in the sense of trauma associated with present legal status and change of environment, and chronic in the sense that they are so often survivors of abuse, the first priority is to provide a place of safety and healing. Staff will require training in the psychodynamics and after-effects of childhood trauma, sexual assault, and woman abuse in order to know how to respond with competence and compassion to behaviours exhibited by incarcerated women which, on the surface, may appear to be manipulative or masochistic. It is not expected that staff will act as therapists. However, they will be required to provide appropriate therapeutic support in the face of various manifestations of post-traumatic stress, including self-injury, substance abuse, flashbacks, panic attacks, and nightmares.

Wherever possible, women will have access to therapists in the community with whom they can continue treatment after release; where women will not be released to the same community in which they are incarcerated, therapists must assist in connecting them with mental health workers in their own area, so that some continuity of care is ensured. This is particularly important with women serving short sentences.[30]

---

[30] See Appendix "C"

Healing from Abuse

As in mental health needs, the first priority for dealing with victims of abuse must be to provide safety and a healing environment. Both incarcerated women and mental health professionals have told us that the process of incarceration can trigger a re-experience of the context of trauma women have suffered. For women who have been physically or sexually abused, even the disturbance of regular functions - such as sleep and diet - as well as the accompanying loss of control, increase a sense of powerlessness and fear, and re-situate her in the role of victim. When punishment and control are elements of the daily life of the living environment, the dynamics of a dysfunctional family may be recreated.

A key element in the creation of a safe environment is the provision of appropriate care givers. Throughout the process of the Committee's work, issues of women only staff versus cross gendering came up again and again. In the study requested by the Committee of Dr. Judith Mills, (see Appendix "C") it was emphasized that, while cross gendering might provide a more "normal" environment and greater fairness in staffing policies, the presence of men in positions of control over women who have been victimized was a real barrier to healing, and while it might provide an opportunity for women to see caring males in positions of authority, it perpetuated the inequality of relationships and contributed to women's view of themselves as submissive to male power. Mills says:

> "Women who are incarcerated comprise an especially vulnerable group. It is known that a significant number, likely the majority, are survivors of childhood trauma. Furthermore, they are at a time in their lives in which there is tremendous upheaval; they are far from their families and home; they are subjected to significant restrictions and exposure to public scrutiny of the most basic day to day functions; many are coping with substance withdrawal. In short, they are women in crisis. In this setting, it is important to provide caregivers and security personnel who are viewed

by the women incarcerated as least threatening and intrusive; and most understanding and responsive to their needs. In my opinion, the current research findings and the experiences of myself and other local women physicians and therapists indicate that a "women only" staffing policy for those involved in the care of incarcerated women is crucial.

Proponents of cross gender staffing of correctional facilities espouse the theory that, in the case of incarcerated women, exposure to male staff helps the women to gain a more positive sense of the men's capacity to be humane and helpful. This is an ineffective way of trying to address a problem which is the result of internalized violence. A central dimension of the self-identity of a woman who has been sexually abused or battered is that of low self esteem. It is through understanding her victimization and learning to honour her coping strategies and to replace the harmful ones with more life-affirming techniques, that a survivor develops a solid core of self-love. From there, and with the attendant self-protective skills, she can make her own decisions about who in her world is trustworthy and lovable. In terms of role models, she is much more likely to benefit from exposure to women who have been where she has been and who have subsequently learned to forgive, love and honour themselves."

Women do not live in a "women only" world; we recognize this. However, before women survivors of abuse can deal effectively with the men in their world, and enter into healthy relationships based on mutual respect, they must have a safe environment in which to heal from trauma, and then face men on a more equal playing field. For this reason, we feel that the value of caring male role models is greater in the community context, where they are not necessarily in positions of power over the incarcerated woman, and where she has some degree of choice whether and at what level to interact with them.

Staffing

One very consistent message we received from incarcerated women, attending medical and psychiatric staff, community members and professionals, was that staff working with women must be educated about issues relevant to incarcerated women, especially abuse survival, addiction, poverty and the place of women in the larger society.

Staff should be recruited for their skills in working with women in a supportive manner, rather than in control relationships. Roles must be defined by responsibility rather than power. Staff must recognize women as adults, as survivors, as mothers, and as valuable and potentially law abiding members of the community, not just as "offenders".

The Report of the Task Force on Federally Sentenced Women points out:

"Staff will require life experience, social service work histories, and/or academic backgrounds which prepare them to work specifically with women. They will require a sound understanding of women's issues, including the socialization of many women, and will need a high awareness of the abuse experienced by many women throughout their lives. In addition, staff will require an appreciation of Aboriginal and other cultural issues and a sensitivity to the dynamics and expression of racism." [31]

In Nova Scotia, it is particularly important to look at staffing in terms of race. Presently, none of the staff on the female unit at the Halifax Correctional Centre are from the Black community, yet Black women make up the largest minority group in the prisoner population there. We can make a thousand recommendations for race awareness and sensitivity training, and institute policies that deal with these issues, but the particular

---

[31] The Report of the Task Force on Federally Sentenced Women, p. 88

difficulties Black women face in our criminal justice system will never be adequately addressed while the facilities that house them and the organizations that provide services to them are staffed entirely by White workers. We do live in a racist society; our justice system is not exempt from that racism. Black women must be recognized as survivors not only of physical and sexual abuse, but of the systemic and societal abuse that characterizes this racism. The special needs of Aboriginal women as addressed with by the Task Force on Federally Sentenced Women, also apply in areas of Nova Scotia. As the Task Force says: "Efforts to recruit Aboriginal people and individuals from ethnic minorities should be a priority, undertaken in a culturally sensitive manner."[32]

The racial and ethnic make-up of staff in residential facilities must mirror the racial and ethnic make-up of the surrounding community, in order not to perpetuate the societal and systemic abuse incarcerated women have already experienced, and to provide an environment where women are able to experience the positive and healing qualities of their communities.

Security

Women interviewed, as well as community based Corrections professionals, told us that most incarcerated women are not a threat to society and have security needs very different from male prisoners. This position is supported by the Task Force on Federally Sentenced Women:

"...The Task Force concluded that the assumption underlying the current management of federally sentenced women should not be risk/security but risk/support.... Current "security" would best be replaced by the provision of a healthy environment, supportive staff, and a good planning process. This dynamic form of security-support will allow federally sentenced women to utilize the legislated period of incarceration to confront

---

[32] Ibid, p. 88

and resolve the trauma underlying their inner-directed anger." [33]

Generally, the risk level of provincially incarcerated women is considerably lower than for women given longer sentences. It is no secret that most of the security measures we take in correctional units for women are more related to the idea of "punishing offenders" and to the security of the surrounding male institution than they are to real risk management of the incarcerated women. In order to address this difference, security measures in community facilities would reflect the true level of dangerousity of the residents, and would be dynamic in nature. The use of small facilities will allow for varying levels of security in cases where the free movement of the resident would not be tolerated by the community, in the very few cases where women awaiting trial or sentencing are considered a threat to the safety of the public, exchange of service agreements would be negotiated to house them in the nearby federal facility.

Social/Recreational

Women will be encouraged and assisted to participate in social and recreational programs in the community. Where they cannot freely attend such programs, groups and organizations will be encouraged to provide recreation and social opportunities in-house. Issues such as transportation must not be permitted to interfere with such participation.

Release Planning/Gradual Release

A release unit will be attached to each of three facilities to allow women to become gradually more independent as their release date nears. Temporary absences will be used to their greatest advantage to allow women home visits, apartment hunting and job hunting trips. Before release, women will meet with Social Assistance workers if necessary to arrange financial support to begin immediately upon release. The appointment of liaison workers from area Social Services offices would assist successful reintegration.

---

[33] Ibid, p. 91

Workers should be well educated with regard to problems encountered by women leaving correctional institutions.

This range of programs must be seen as "elastic", with the capability of expanding to meet the particular needs of women.

That exchange of service agreements be negotiated with Correctional Service Canada for the care of the small number of women whose needs cannot be met within provincial facilities, and that continuity of care for all provincially incarcerated women be secured by Government inderdepartmental cooperation.

A new correctional facility for federally sentenced women is soon to be constructed by the Government of Canada in Truro, Nova Scotia, which is to serve the Atlantic Region of Canada. This development should be of benefit to the province of Nova Scotia as it attempts to rationalize the corrections program for incarcerated women. The new federal facility is expected to have a total bed capacity of 30 with 15 beds designated for the federally sentenced prisoner and 15 beds allotted to the Maritime provinces. It is expected that only small numbers of provincially sentenced women from Prince Edward Island and New Brunswick will be placed in this new facility. On the other hand, it is an opportunity for the province of Nova Scotia to place women for very specific reasons, and in very small numbers.

It is expected that the new federal facility for women through an exchange of services agreement, could accommodate the small number of women requiring security and who, at least initially, could not function in a residential facility. In addition, the new federal facility will have an assessment unit and it is expected that the Federal Government would enter into an arrangement whereby space could be made available to the province of Nova Scotia for the assessment of women sentenced by the courts. Furthermore, if there are special programs which could be of benefit and meet the need of particular women, then there is reason to believe arrangements can be made to have provincially sentenced women participate in such programming. Though it is not expected that more than one or two women at a time would require services only provided by the Federal

facility, it is recommended that an arrangement based on flexibility and needs-response be negotiated.Only for the purpose of assessment, or in the case of risk to the community, would women be so placed.

The remanded prisoner poses a concern in the sense that some may not be able to be accommodated in residential facilities. Therefore, it will be necessary to enter into negotiation with the Correctional Services of Canada in an attempt to have provincial remanded women placed in the facility when required. Obviously, numbers would be small but because of the jurisdictional problem, placing a remanded prisoner in a federal facility poses some difficulty but not an insurmountable one.

As the province embarks on developing a network of regional residential facilities and implements meaningful programs for the incarcerated women, there is every reason to believe that Correctional Services of Canada will be interested in participating in the provincial program through the exchange of services agreement. There will be times when residential accommodation will be required by Correctional Services of Canada for women who are participating in particular programs which would require residential space or when space is required for community release, such as day parole. In this regard, the province would be open to negotiating an agreement with Correctional Services of Canada.

It is therefore recommended that immediate contact be made with the Commissioner of Correctional Services of Canada, Ottawa, to enter into negotiations between Correctional Services of Canada and Correctional Services, Department of Solicitor General, Nova Scotia, to develop an exchange of services agreement specifically directed toward a corrections program to meet the needs of federally and provincially sentenced women.

During its deliberations and in consultation with the public and interested organizations and groups, it became very clear to the Committee the need for greater participation by other departments of government, as Correctional Services attempts to develop meaningful programs to meet the needs of incarcerated women. Education programs; psychiatric and psychological care; physical health and childcare requirements; substance abuse program development along with many other components required to meet the incarcerated women's needs demands the participation of a broad range of private sector organizations and departments of government to meet these needs.

It is therefore recommended that a workshop/conference be arranged and coordinated by the Executive Director of Correctional Services to bring together other heads of relevant departments to develop a plan by which various departments of government can assist in providing programs to meet the needs of incarcerated women. This should be a matter of high priority and include private sector organizations in any workshop or conference.

That interim recommendations be implemented immediately.

Because of the estimated time it will take to implement recommendations, action is needed now in order to begin meeting basic needs of the provincially incarcerated women. Through a series of steps, we can and must begin the process of change immediately; the interim recommendations on the following pages are an essential part of the Plan for Significant Change.

TAKING THE FIRST STEP NOW

Interim Recommendations

Although the committee felt hopeful about proposed changes in the system, it was abundantly clear that provincially sentenced women could not wait two years for improvements. Nor did it seem necessary to do so: a number of the problems revealed by the research could be at least somewhat alleviated by short term low cost or no cost solutions.

While recognizing the limitations imposed by the present physical plant, the following recommendations were seen as responding to priority needs requiring immediate action, as well as being workable in the short term.

The development of a holistic approach is essential so that all components of sentence management and programming are viewed in the context of the incarcerated woman's damage from abuse and need to heal.

These short term recommendations should be viewed not as final solutions, and not as adequate in the long term, but merely as steps toward the optimum configuration of programs and services. These steps will begin the process of building a healing environment for incarcerated women. Action must begin immediately and continue until such time as the long term plan is implemented.

A Step Toward Women-Centred Health Care

It was recognized by the committee that women are marginalized in society in general, often by the health care system in particular, and that this marginalization is furthered by incarceration. Women told us again and again of their frustration with their lack of

control over their own health care. The frustration was heightened by such issues as the presence of correctional staff during medical examinations, and the overwhelming lack of privacy in matters normally held in confidence between a woman and her doctor. Most women found it traumatic to be examined by a male doctor in the presence of male nursing staff and a correctional officer. A need for female medical staff and significant choices in health care were seen as essential to feelings of safety and well being.

It must be considered the responsibility of Correctional Services to inform women they have the same rights with regard to medical care as the non-incarcerated population.

Women must have access to a medical examination within 72 hours of admission, earlier if there is evidence of an acute health problem such as injury, infection, psychiatric illness, or substance withdrawal.

Women must be transferred to the appropriate medical/psychiatric facility promptly for treatment when deemed necessary by the attending physician. Clinical indications for transfer must include complicated addictions/substance withdrawal.

Women must have access to a female physician and nursing staff, except in the event of an emergency where none are immediately available.

Women must have privacy for medical examination and consultation. In the case of serious security concerns, monitoring should be visual only, with all possible measure taken to permit maximum privacy without compromising safety. In no event should correctional staff be a part of the consultation or discussion between a woman and her doctor except at her request.

Women must be allowed to maintain contact with their family doctors or specialists, in consultation with the attending physician. This was seen as vital in maintaining a continuum of care.

Women must have choices in health care; to refuse treatment, to choose non-traditional or non-European healing methods, to receive a second opinion, and to receive voluntary, confidential testing for HIV and sexually transmitted diseases. Prescribed medications and nutritional supplements or vitamins of a non-addictive nature should be continued during the incarceratory period, by the choice of the woman and on the advice of her family physician in consultation with the attending physician.

Medical and psychiatric records must be held confidential except where a physician or psychiatrist judges there is a "need to know" in order to protect the safety of individuals. Women must have the same access to their medical or psychiatric records as they would if residing in the community at large.

Pregnant women must have access to the same health care and education that would be provided to non-incarcerated pregnant women. Prenatal and educational material must be made available at the woman's request.

Women must have access to a female psychiatrist, psychologist or therapist where such services are required and available in the community.

Women must be provided with undergarments that fit and that have not previously been worn, and with outerwear that fits, is clean and in good repair, and is seasonably appropriate.

A Step Toward Fitness

Women told us they felt generally less fit while incarcerated due to boredom, inactivity and poor food choices. They expressed frustration with long periods indoors in restricted space.

Women must have at least one hour yard time daily, regardless of scheduling issues; they must be permitted to choose whether they will go out during bad weather. In exceptional circumstances where no yard time is permitted, there must be formal justification. In no event should yard time be withheld for more than 48 hours unless a state of emergency exists.

Women must be provided with recreation choices, particularly those which are low cost and can be provided by the community.

Women must be provided with nutritional information and be permitted to make informed food choices within the reasonable fiscal limitations of the institution.

A Step Toward Positive Parenting

Two thirds of the women we spoke with are mothers, and all spoke to us of the grief they felt upon separation from their children, as well as their frustration with infrequent and too short visits, and the inadequacy of visiting facilities.

Women must be permitted open visits unless there are well documented security concerns which prohibit them. Visits should be permitted whenever it can be arranged for children to get to the Correctional Centre.

Visits must be long enough to allow children to adjust to the environment, and to facilitate the possibility of meaningful discussion or play between mother and child. A minimum two hour visit is recommended.

The visiting area must include toys, books, and a non-threatening atmosphere to minimize trauma.

There must be more flexible arrangements and more privacy for telephone calls to and from children, in order to encourage the maintenance of meaningful contact and communication.

Women must have access to educational materials and programs that deal with parenting skills, parenting at a distance, communication skills and child development. Wherever possible, community child care workers and teachers should be permitted to provide such programs.

Release planning and case management must take into account women's status and needs as mothers: women must be assisted in planning for their return to their children's lives mentally, emotionally and practically, including financial planning.

A Step Toward Home

Women expressed to us a feeling of separation from family and friends, and frustration at the inability to discuss family matters and resolve issues in privacy. While they appreciated the valuable support offered by their loved ones, existing conditions made it difficult to realize the benefits.

Women must have privacy for visits; while visual monitoring may continue to be necessary within the present facility, conversation at least must be private.

There must be a private space available for phone calls, the scheduling of which must be flexible and frequent to allow maintenance of meaningful contact with family and friends; only well documented concerns with safety of individuals would justify withholding such contact.

Family and friends, at the request of the incarcerated women should be consulted in preparation of the release plan.

A Step Toward Healing

We heard again and again of the abuse suffered by women throughout their lives, both from the incarcerated women themselves and those who work with them. We heard, as well, their cries for help in dealing with histories of physical, sexual and emotional violence. In a great many cases, women had been repeatedly abused by the men in their lives, and many expressed fear of men in enforcement or caretaking roles. A safe environment was seen as essential to a healing environment.

Incarcerated women should be supervised and counselled by female security and program staff, except in case of dire emergency.

Specialized counselling for victims of abuse must be made available to women through contracts with community organizations. Healing therapies should be planned in such a way that work with the same counsellor or therapist can continue upon release.

Notwithstanding limitations imposed by the present physical plant, every attempt must be made to create a healing environment; immediate steps must be taken to upgrade staff training to include issues of abuse; effective, non-punitive measures for dealing with women in crisis; and understanding of abused women's coping mechanisms, such as self-injury.

Support groups for abused women must be made more accessible to incarcerated women, either by the granting of temporary absences to attend, or by inviting community organizations to provide such opportunities in-house.

Choices in spiritual support and activities must be made available to women so that culturally relevant spiritual guidance is not only tolerated but welcomed.

A Step Toward Greater Harmony

When we talked with women about day to day life within the women's unit at Halifax Correctional Centre, they expressed confusion about what was required of them, what the consequences of their actions might be, and how to work through institutional processes to obtain visiting, phone calls and absence privileges.

The Mission Statement and Core Values of Correctional Services Nova Scotia should reflect the special unique needs of women in the correctional system, and communicate successfully to staff, incarcerated women and the public a philosophy of responsibility for meeting those needs.

A plain language handbook should be available to women, outlining rules and regulations, rights and privileges, visiting and correspondence issues, criteria considered in applications for temporary absences and other institutional processes. The

handbook should also include relevant sections of the Corrections Act and the Mission Statement of Correctional Services. Staff should provide orientation using the handbook as a guide.

When various requests are denied, there must be a clear statement of the denial and reasons for such, in writing, to the incarcerated woman, with an outline of her opportunity for appeal.

Notwithstanding fiscal restraint, present staff training and recruitment procedures must be reviewed. Training and recruitment must be aimed at increasing sensitivity to issues of culture, race and sexual orientation, as well as power and powerlessness, and abuse survival, and all of these must be understood in the context of women's place in society at large.

Notwithstanding fiscal restraints, an immediate administrative review of the women's unit must take into account limitations presently imposed on programming due to inadequacy of staff complement.

Policies regarding routine searching of women must be reviewed, with the intention of ensuring that any such searches are indeed necessary and justified.

Procedures should be amended to allow that resident representatives be included at the early planning stages for policy or program changes or development, except in cases where security concerns prohibit the sharing of information.

A Step Toward Community Living

In both the interviews and consultations, we were told a lack of continuity in care and programming made it difficult for women to experience successful community living upon release. As well, incarcerated women, correctional staff and representatives of community organizations expressed a need for community members and incarcerated women to build relationships as early as possible, to ensure the existence of a support system upon release. We also heard women were often not aware of community resources that might be helpful to them.

Regular opportunities must be established for community groups to present resources that would be helpful to women upon release, and to provide information that would assist them in surviving their sentence. Such opportunities might take the form of monthly or biweekly "information days".

Women must be guaranteed the right and privacy to consult with advocacy and support organizations of their choice, with no real or implied threat of retribution should they express dissatisfaction with the correctional system, and no requirement that representatives of such organizations reveal to staff the content or nature of the discussions.

Wherever possible, and relevant, community organizations must be included in the preparation of the discharge plan, as requested by the incarcerated woman.

Programs must be developed, wherever possible, in such a way that women can commence meaningful programming as soon as possible after admission and continue with the same program following release. This can be accomplished by temporary absences to attend or by contracting with community resources that will contin-

ue to provide services after release.

A Step Toward Marketable Skill Building

Most of the women we spoke with had not completed high school, had no formal vocational training and were generally not equipped to compete in the job market. Many were seriously lacking literacy skills, and expressed frustration with the lack of choices they faced.

Women must have access to mainstream educational and vocational programs, except in individual cases where temporary absences to attend cannot be granted due to serious security concerns.

In cases where temporary absences cannot be granted due to serious security concerns, every effort must be made to contract with community resources, or negotiate with other government departments, to provide in-house programming responsive to individual needs.

The library available to incarcerated women must include materials dealing with legal issues, human rights, parenting, health, career, and women's issues, as well as culturally relevant materials, literature designed for education or entertainment, and materials at a variety of reading levels. Audiovisual materials should also be provided. Incarcerated women must be permitted to have or receive any written materials not prohibited by law, as long as they can be provided.

A Step Toward Removing Barriers

Transportation concerns must not be considered cause to prevent attendance of incarcerated women at programs or on work release in the community.

Correctional Services must begin a process of negotiation with other government services and agencies - such as Departments of Health, Education and Community Services - to ensure these departments take appropriate responsibility for the delivery of their mandated services to women during and after their periods of incarceration.

In conclusion, the Committee further recommends:

That this report be presented to government departments and agencies providing services to women both in the community and in institutions;

That this report be made available to the public, with specific distribution to incarcerated women, professionals and organizations working with women in the community or in institutions.

That community representatives be consulted throughout the implementation of the short- and long-term recommendations.

The work of the Solicitor General's Special Committee on Provincially Incarcerated Women was aided by the participation of many individuals and organizations. We have stated in several places the need for the entire community to take responsibility for bringing about the necessary changes. The committee feels that in order for this to happen, the information contained herein must be shared with that community, and especially with provincially incarcerated women, who have a right to know how we heard their stories.

APPENDICES

APPENDIX 'A'

Corrections Act, Section 13
Corrections Act

CHAPTER 103 OF THE REVISED STATUTES, 1989

as amended by
1990, c. 19, s. 36

Responsibility for administration

13 The Minister, or any person authorized by the Minister to act on the Minister's behalf, shall have overall responsibility for management, administration, and supervision of all correctional facilities designated or established pursuant to this Part and shall supervise all inmates in such facilities and, without limiting the generality of the foregoing, may for that purpose

(a) provide services to assist the courts in the remanding and sentencing process;

(b) maintain discipline in the correctional facilities;

(c) develop, implement and promote programs to rehabilitate inmates and to provide alternatives for inmates within correctional services and the community;

(d) provide special care and facilities for inmates who are addicted to alcohol or drugs, have mental or physical disabilities or have severe social handicaps or who have other special needs;

(e) promote the use of community resources in the correctional process;

(f) promote public awareness of the correctional process and of the functions and services provided pursuant to this Part. R.S., c. 103, s. 13

APPENDIX 'B'

MISSION STATEMENT of Correctional Services, Nova Scotia

(currently under revision)

KEY PRINCIPLES

Correctional Services must utilize the least restrictive course of action that is sufficient to meet the legal requirements of the disposition of the court.

Correctional facilities and agencies must offer opportunities through programs and services developed to meet the needs of offenders and encourage their participation.

Correctional Services aims should be met through shared responsibility and cooperative action by the community, Correctional Services staff, other components of the justice system and the offenders themselves.

Staff are of paramount importance in accomplishing correctional services aims and should be supported by effective personal development opportunities and positive working conditions.

Protection is guaranteed within the Charter of Rights and Freedoms and a method of redress for complaints and concerns shall be guaranteed offenders.

Non-governmental agencies and citizen volunteers shall form an integral part of correctional services.

APPENDIX 'B'

GOALS

The correctional services program designed and developed the incarcerated women, in keeping with the correctional services mission, shall strive to achieve the following goals:

- promote a highly professional corrections environment;
- seek the necessary resources to apply healing and rehabilitation programs;
- provide facilities which maximize healing and promote opportunities for incarcerated women's self-development;
- provide programs to incarcerated women that meet their individual needs so that women have the best possible opportunity for reintegration into the community as law abiding citizens;
- provide incarcerated women with opportunities to improve their skills in order to cope more effectively with living in the community, and to improve their abilities to function in the work force;
- provide incarcerated women with an increased awareness of the benefits and opportunities to be gained as peaceful citizens and the enjoyment, on a personal level, of the recreational, leisure and cultural activities available in the community;
- recruit, train and develop staff to a high level of ability in order to ensure the most effective delivery of healing and rehabilitative programs;

- to provide an assessment program that correctly assesses at the earliest opportunity, the needs and risks of individual incarcerated women;

- provide special and substantial assistance to incarcerated women who have been victims of violence and who have acute problems or who require psychological/psychiatric assessment and/or treatment;

- ensure that the special needs of Natives, Blacks, and other special status groups are respected and addressed;

- promote de-institutionalization through the provision of a normalizing environment;

- provide opportunities for correctional facilities for women to become a resource and asset to the community in which they are placed;

- foster a caring working environment characterized by honesty, trust and respect and where roles are defined by responsibility rather than power;

- establish and maintain systems whereby serious disciplinary matters and resident grievances are dealt with in a timely, fair and effective manner;

- foster community relations and active interaction with community agencies and volunteers;

- promote and involve departments of government, and non-government agencies in a partnership and shared responsibility to return women incarcerates to society as healthy, law-abiding, productive citizens;

- provide a high level of financial and administrative effectiveness and accountability

APPENDIX 'C'

Mental Health Service Needs Of Incarcerated Women

by Judith A. Mills, M.D.

Introduction

From the outset, I wish to state that the views concerning mental health service needs of provincially incarcerated women which are expressed in this paper come from my own clinical experience as a feminist therapist and the experiences of my therapist colleagues in the community, as well as from numerous sources of literature and research on the psychology of women, gender socialization, the impact of violence against women and children, treatment of women survivors of trauma, and women and the corrections system. Although I have not worked with women during their periods of incarceration, I have worked and continue to work with women who have experienced incarceration and/or who are at risk of being incarcerated. I have conferred with Dr. Heather McLean, Psychologist, Kingston Prison for Women and found that the analysis expressed in this paper concurs with her experience of working directly with federally sentenced women. I am most grateful for her assistance.

Contextualizing the Issues

In providing the context for a discussion of the mental health needs of incarcerated women, a brief analysis of the impact of sexism on women's mental heath issues in general is required. Women's psychology has historically been taught as the psychology of the "Other". Arising out of a patriarchal world view, traditional psychological theories and methodologies assume the male as the human prototype. Human psychological development is thus construed as a series of separations from others, optimally culminating in the attainment of autonomy, power and authority. Considered solely in its relationship to the male standard, women's unique identity is obscured and devalued.

In a society which remains strongly patriarchal, women's relative powerlessness, which is a social and political construct, assumes a mantle of scientific truism. The traditional, socialized feminine role of servitude, compliance, and avoidance of aggressiveness or displays of anger and hostility becomes viewed as a biological fact. With regard to

mental health service provision, emotional and psychological disorders which fit the feminine sex role stereotype such as depression, hysteria, and phobias have historically received more attention. Conversely, behaviour exhibited by women that are not congruent with society's view of women's role, such as alcoholism, drug abuse and criminal activity are usually ignored in terms of service provision (Mowbray).

Newer theories of women's psychological development have evolved from a rethinking of women's condition on many levels. Voluminous data derived over the past two decades directly from women's experience, has supported the central argument of feminist writers and researchers that psychology is not objective. By consideration of the interplay of social, cultural, and political, as well as biological factors in the formation of the human psyche, they have both reworked traditional theories into a less dogmatic mold and have developed new ways of looking at both men and women.

Juliet Mitchell, author of Psychoanalysis and Feminism (1974), argues that Freud's phallocentrism is significant in its revelation and analysis of women's oppression within a patriarchal society. American psychiatrist Dr. Jean Baker Miller (1976) views reputedly feminine characteristics such as narcissism, masochism, and passivity as manifestations of internalized oppression. Both Miller and Carol Gilligan (1982) reconstruct the relational context of women's development that begins with an attachment to the parent of the same sex. Separation in order to attain sexual identity is not an issue for women. Miller views women's development as a process of redefining and redoing relationships while Gilligan's research shows that women's attention to issues of relationship leads to a different approach to moral choices. Ongoing research in centres such as the Stone Centre at Wellesley College, Massachusetts, is generating new visions of human development that describe a process of mutual engagement, empathy, and empowerment, reflecting societal moves toward more egalitarian roles of men and women as parents, workers, and citizens.

Implications for Incarcerated Women

In light of current knowledge regarding women's psychology, it is evident that prison cannot be a healing place for women. The prison system was set up to meet the security requirements of housing almost exclusively men, many of whom are deemed to be a threat to society. It is intentionally a rigidly hierarchical and authoritarian system

designed to respond to those men who are viewed as belonging to the extreme end of the continuum of masculine aggression. It is a system destined to reinforce women's internalized sense of powerlessness and resultant low self-esteem; the very elements of her self-identity which place her at high risk of re-offending (McLean).

The vast majority of incarcerated women have not committed crimes involving violence and do not pose a threat to society (Task Force on Federally Sentenced Women and Solicitor General's Special Committee on Provincially Incarcerated Women). Many of their crimes are relational in context--for example, Dr. McLean states that most women with fraud offences have typically done so to buy security or goods for others, sometimes for their children, but very often to buy the love of a male partner or gain acceptance by their family. Furthermore, incarcerated women's experience of violence is much more likely to have been as a victim rather than as a perpetrator. As Berzins and Cooper state: "Women in conflict with the law have more in common with other women than they do with male prison inmates, in terms of their socioeconomic situation, program or treatment needs..." The authors recommend that treatment programs for incarcerated women should enhance the women's identification with women in their community, a recommendation strongly echoed in the National Task Force on Federally Sentence Women report.

Incarcerated women, as demonstrated by their demographic profile, (footnote), constitute an especially vulnerable group of women. However, chaotic their prior lifestyle may appear to the outsider, a balance was maintained, primarily through relationships, which allowed women to continue to function from day to day, despite all too common obstacles such as poverty, substance addition, and family violence. When a women enters the corrections system, she is removed from her support system; she becomes disconnected from all the external cues in her life which give her a sense of selfhood and belonging. She enters a system which, by its nature, is reminiscent of periods in her life when she was most vulnerable, most exposed to the control and exploitation of others. Even though the expressed intention of the system is to keep safe and rehabilitate, the felt impact for traumatized women is punitive. The message resonating through the system is that, once again, she is "bad". For traumatized women, who learned as children to cope with abuse by internalizing the shame and guilt in order to feel in control, old ways of relating to oneself and the world resurfacing or intensify. Self-injurious behaviour and regressive, ineffectual ways of responding to perceived injustice become more evident. Old memories of trauma, and in many cases, new memories, come

flooding back to consciousness, resulting in an exacerbation of Post-Traumatic Stress Disorder. The symptoms fall on a continuum from a numbing response ("learned helplessness") manifested by social withdrawal, lethargy, and flatness of affect to a hyperstimulated state which presents with psychomotor agitation, self-injurious behaviour, suicidal ideation, and sensory intrusive phenomena such as "flashbacks", nightmares and night terrors, and panic attacks.

In short, women who are incarcerated are women in emotional and psychological crisis.

Jan Heney's landmark study of self-abusive behaviour by women in the Kingston Prison for Women highlights several critical aspects of the mental health implications of incarceration for women. The study was prompted by the alarmingly high incidence of self-abusive behaviour, primarily slashing and headbanging, in Prison for Women. In questioning both corrections staff and inmates, Heney drew several conclusions. First, the incidence of self-injury increased under circumstances where power and control were exercised in ways which were seen as punitive and unfair, such as application of inconsistent or petty rules by staff, the use of mass punishment, and the lack of response by staff to women's needs to express emotion to privacy. Secondly, self-injury may best be reduced by considering it a sign of emotional distress rather than a security issue, and by shifting the responsibility for its reduction from security to counselling personnel. Prompt response by trained professionals to the need for counselling is vitally important. Thirdly, her results indicated that self-injuring prisoners often seek emotional support from their peers and this support should be acknowledged and legitimized through peer counselling training programs.

Other work has demonstrated that putting control back in the hands of the women as much as possible can have a dramatic impact on the behavioural manifestations of emotional distress. Studies from Holloway Prison in Britain showed that a shift from the authority model to one stressing autonomy for the women reduced the incidence of violence and self-violence by 80 percent (McLean).

Effective crisis management is a critical part of caring for women who are in prison. In concur with Jan Heney that it is primarily a mental health rather than a security issue and therefore, mental health workers should be working in the forefront. The responses of women to crisis can be complex and the absence of a therapeutic response can be devastating. In her book, "Healing the Incest Wound", Dr. Christine Courtois states:

APPENDIX 'C'

"The lack of assistance when the incest is known or disclosed is believed to be more damaging than incest which remains hidden." The emotional and psychological upheaval created by the process of incarceration can create an opportunity for women, with appropriate support, to make major positive life changes or it can lead to revictimization.

It is one thing to create an environment in prison which attempts to minimize the emotional distress that results from incarceration and quite another to provide a place in which women can begin to heal. As Dr. McLean states in her address to the National Parole Board (November 1991), "...as a psychologist working with women in a prison setting, I must say that from a therapeutic standpoint, imprisonment offers little..." Therapy is a process whereby a person, *in a safe place, free of the imposition of power and control*, can face and embrace her particular vulnerabilities and pain in order to understand the forces in her life, both life-affirming and oppressive, and to make choices regarding positive change.

For women who, for security reasons, must remain in prison, healing work is possible by making use of community therapy resources to which the women can go on day passes. For women who pose no or minimal security risk, much more can be done to create a healing environment. By keeping women close to their personal support systems; by helping women connect with resources and therapists in their community, the trauma associated with women's involvement with the correctional system can be worked through and the underlying issues can begin to be addressed. It is critically important that each woman has a clear picture of where she is heading in her process of healing and recovery from the beginning of her sentence. Only then can she participate in the process as an adult, capable of articulating her mental health needs.

APPENDIX 'C'

References

Baker Miller, Jean, (1976), Toward a New Psychology of Women, Boston: Beacon Press.

Brezins, L. and Cooper, S., (1982), "The Political Economy of Correctional Planning for Women: The Case of a Bankrupt Bureaucracy", Canadian Journal of Criminology, 24, 399-416.

Courtois, Christine, (1988), Healing the Incest Wound: Adult Survivors in Therapy, New York: W. W. Norton.

Gilligan, Carol, (1982), In a Different Voice: Psychological Theory and Women's Development, Cambridge: Harvard University Press.

Eichenbaum, L. and Orbach, S., (1983), Understanding Women: A Feminist Psychoanalytic Approach, New York: Basic Books.

Heney, Jan, (1990), "Reporting on Self-Injurious Behaviour in the Kingston Prison for Women", Submitted to: The Correctional Services of Canada, unpublished.

McLean, Heather, (1991), Address to the National Parole Board Workshop, Ottawa on her work at the Kingston Prison for Women, unpublished.

Mitchell, Juliet, (1975), Psychoanalysis and Feminism, New York: Vintage Books.

Mowbray, C., Lanir, S., and Hulce, M., eds., (1984), Women and Mental Health: New Directions for Change, New York: Harrington Press.

Task Force and Federally Sentence Women, (1990), Creating Choices: Report of the Task Force on Federally Sentenced Women, Ottawa: Solicitor General.

APPENDIX 'D'

Gender Of Physicians And Therapists And The Health Worker-Client Relationship: Literature Review And Discussion Of Implications For Incarcerated Women

by Judith A. Mills, M.D.

In preparation for this report, I conducted a Med-Line computer search of articles pertaining to physician gender of the past 10 years. The results of this search led me to less recent articles as well which provided an overview of the research in this area in the past twenty years. Prior to the 1970's, the gender of the physician was rarely documented in research studies. In part, this is due to the low numbers of women physicians. More critically, I think, the absence of data has been due to the systemic disregard of gender issues in health-related research. Even today, the consideration of gender as a variable in health-related research is often absent. Much of our present knowledge regarding standards of health and health care services is based on the study of the young adult, white, middle-class, male prototype. The women's health movement is recognized as a critical force in bringing to light the impact of gender on health and health care (Mowbray).

My review of the research supports that comments which I made at the Saturday meeting in February this year of the Solicitor General's Committee on Provincially Incarcerated Women; namely, that the majority of women studied indicate either a preference for women physicians or no gender preference. In nearly all studies, a small minority of women prefer a male physician (Gray, 1982). The preference for women physicians is especially high in areas perceived by women patients to require women's insight and sensitivity such as obstetrics-gynaecology, family planning, and psychotherapy (Haar et. al, 1975).

In several articles, it was noted that the limited distribution of women physicians may influence the results of gender preference surveys in that many women surveyed have never had the experience of seeing a woman physician. It was found in several studies that the preference for women physicians is significantly higher among women surveyed who have a history of contact with a woman physician (Weisman, 1985) and with women who have higher socioeconomic status. (Gray, 1982) Furthermore, another study indicated that women who are currently in psychotherapy prefer a woman physician (Haar et. al, 1975).

APPENDIX 'D'

Several papers have examined patients' attitudes toward the expectations of physicians' behaviour on the basis of gender. These attitudes and expectations are relevant as they may influence the patient's motivation to fully engage in the therapeutic process with the physician. As a general rule, patients value the affective qualities and communication skills of their doctors more highly than procedural or administrative skills (Segall and Burnett, 1980). Women patients interviewed believe that women doctors have the good qualities of both male and female physicians, that is, assertiveness and initiative but also tenderness and nurturance (Waller, 1988).

Studies of women medical students and physicians support the attitudes and experiences of women patients. Studies have shown women medical students to be more patient-orientated (Walton, 1968), have more interest in their patients' emotional problems (Roos et. al, 1977) and more sensitivity to relationship values (Cartwright, 1972). These findings are in keeping with the newer theories of women's psychological development as primarily relational in nature (Baker Miller, 1976). Studies of women physicians' behaviour have shown that women doctors are more communicative than their male counterparts (Weisman, 1987); they tend to spend more time with their patients than do male physicians and they spend more time with women than men patients (Cypress, 1980). Male doctors are more likely than women doctors to suggest more orthodox and technical solutions (Gray, 1982). One study showed the women doctors are more likely than male physicians to consider contraceptive alternatives for women who were worried about the impact of the pill (Cartwright, 1972). Gender-specific studies of prescribing patterns have shown that women physicians are less likely than men to prescribe psychotropic drugs (Hemminki, 1974)(Cypress, 1980).

Many of the studies mentioned thus far identified only gender of the patients as the variable under consideration. The rest include other variables such as age, socioeconomic status, and type of medical problem as part of the patient profiles. In none of the studies cited, was a past history of emotional, physical, or sexual trauma selected for consideration. The lifelong and pervasive impact of childhood trauma and/or battering on women patients is an issue which is just beginning to be fully appreciated by the medical community. Like the history of evolving consciousness within the medical-scientific community regarding gender as a vital consideration in health-related research, the development of awareness among medical researchers and professionals of violence, and most particularly sexual abuse and assault, as a critical component of many women's lives, is a long process.

APPENDIX 'D'

In the writings of many leading researchers and clinicians in the area of incest therapy, references are made to the difficulties women survivors face when considering medical care (Courtois). Primary among the obstacles is the male gender of the majority of physicians (Bass). Often women avoid important screening examinations such as pap smears and breast exams when they find themselves unable to access a woman doctor (Courtois). In the area of psychotherapy, there is an almost universal preference among women survivors for women therapists. In a telephone interview, Dr. Toni Laidlaw, PhD., Dalhousie University, an academic and clinician who does training workshops for professionals working with survivors of sexual violence and who has had a small private therapy practice for several years, remarked that without exception, her clients have had women physicians and have sought out a female therapist. The particular vulnerability of women survivors--those perpetrators are, in the vast majority of cases, male--to situations which are or are perceived to be reminiscent of their experiences of abuse, leads them to choose female caregivers. Tragically, revictimization in professional and institutional settings is common (Schoener). Again, as in the community, the majority of perpetrators are male.

Women who are incarcerated comprise an especially vulnerable group. It is known that a significant number, likely the majority, are survivors of childhood trauma. Furthermore, they are at a time in their lives in which there is tremendous upheaval; they are far from their families and home; they are subjected to significant restrictions and exposure to public scrutiny of the most basic of day to day functions; many are coping with substance withdrawal. In short, they are women in crisis. In this setting, it is important to provide caregivers and security personnel who are viewed by the women incarcerated as least threatening and intrusive; and most understanding and responsive to their needs. In my opinion, the current research findings and the experiences of myself and other local women physicians and therapists indicate that a "women-only" staffing policy for those involved in the care of incarcerated women is crucial.

Proponents of cross-gender staffing of correctional facilities espouse the theory that, in the case of incarcerated women, exposure to male staff helps the women to gain a more positive sense of men's capacity to be humane and helpful. This is an ineffective way of trying to address a problem which is the result of internalized violence. A central dimension of the self-identity of a woman who has been sexually abused or battered is that of low self-esteem. It is through understanding her victimization and learning to

honour her coping strategies and to replace the harmful ones with more life-affirming techniques, that a survivor develops a solid core of self-love. From there, and with the help of attendant self-protective skills, she can make her own decisions about who in her world is trustworthy and loveable. In terms of role models, she is much more likely to benefit from exposure to women who have been where she has been and who have subsequently learned to forgive, honour and love themselves.

REFERENCES

Baker Miller, J. (1976). Toward a New Psychology of Women. Boston: Beacon Press

Bass, E. and Davis, L. (1988). The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse. New York: Harper and Row

Cartwright, A. (1967). Patients and Their Doctors: a Study of General Practice. London: Routledge and Kegan Paul.

Cartwright, A. and Waite, M. (1972). "General practitioners and contraception in 1970-1971", Journal of the Royal College of General Practitioners, 22, Suppl. 2.

Cartwright, L.K. (1972). "Personality difference in male and female medical students", Psychiatric Medicine, 3, 213-218.

Courtois, Christine. (1988). Healing the Incest Wound: Adult Survivors in Therapy. New York: W.W. Norton

Cypress, B.K., (1980). "Characteristics of visits to female and male physicians", Vital and Health Statistics, Series 13. Data from the National Health Survey 1977, No. 49, US Department of Health and Human Services.

Gray, Judith. "The effect of the doctor's sex on the doctor-patient relationship", Jounral of the Royal College of General Practitioners, 32, 167-169.

Haar, e., Halitsky, V. and Stricker, G. (1975) "Factors related to the preference for a female gynecologist", Medical Care, 13, 782-790.

Hemminki, E. (1974). The effect of a doctor's personal characteristics and working circumstances on the prescribing of psychotropic drugs. Medical Care, 12, 351-357.

Heney, J. (1990). "Report on Self-Injurious Behaviour in the Kingston Prison for Women", Correctional Service of Canada.

Mowbray, C.T., Lanir, S., and Hulce, M. eds. (1984). Women and Mental Health: New Directions for Change. New York: Harrington Park Press.

Roos, N.P., Gaumont, M. and Colwill, N.L. (1977). "Female and physician: a sex role incongruity", Jounral of Medical Education, 52, 345-346.

Schoener, G.R., et al. (1990). Psychotherapists' Sexual Involvement with Clients. Minneapolis: Walk-In Counselling Center.

Segall, A. and Burnette, M. (1980). "Patient evaluation of physician role performance", Social Science and Medicine, 14A, 269-278.

Waller, K. (1980). "Women doctors for women patients?", British Journal of Medicine and Psychology, 61, 125-135.

Walton, H.J. (1968). "Sex differences in ability and outlook of senior medical students", British Journal of Medical Education, 2, 156-162.

Weisman, C.S. and Teitelbaum, M.A. (1985). "Physician Gender and the Physician-Patient Relationship: Recent evidence and relevant questions", Social Science and Medicine, 20, 1119-1127.

Weisman, C.S. (1987). "Communication between women and their health care providers: research findings and unanswered questions", Public Health Report, Jul-Aug, suppl., 147-151.

APPENDIX 'E'

REQUESTS FOR SUBMISSIONS

A broad range of individuals and organizations were consulted so that the committee could receive the views of as many people as possible on the important subject of the needs of the provincially incarcerated woman. Some of the organizations contacted were:

Adsum House
Afro-Canadian Studies Instructor, Henson College, Dalhousie University
Alderman, City of Dartmouth
Association of Black Social Workers
Black Consortium, President
Black Cultural Centre of Nova Scotia
Black Learners Advisory Committee
Black Professional Women's Group
Black Student Advisor, Dalhousie University
Black United Front
Buchan, Derrick & Ring
Byrony House
Canadian Mental Health Association
Carlton Centre
Chaplain, Halifax Correctional Centre
Congress of Black Women
Correctional Service Canada
Coverdale
Cultural Awareness Youth Group
Department of Child Study, Mt. St. Vincent University
Department of Health, Drug Services Division
Equity Officer, Dalhousie University
Family S.O.S.
Halifax Correctional Centre Staff
Halifax County Counsellor
Hawthorne House
Helpline
Inglewood Community Centre, Bridgetown
John Howard Society
Judges, County Court, Provincial Court, Chief Justices
Lavers House
Law Foundation
Maritime School of Social Work, Dalhousie University
Metro Law Clinic
North End Community Clinic
North Preston Community Awareness Group
N.S. Advisory Council on the Status of Women
N.S. Correctional Services
N.S. Hospital
N.S. Human Rights Commission
Parent Resource Centre, Gottingen
Parent-Student Association of Preston
Public Legal Education Society of N.S.
SSAV

APPENDIX 'E'

REQUESTS FOR SUBMISSIONS

Salvation Army,
Stepping Stone
Supportive Action for Women
Veith House
Well Women's Clinic, Camp Hill Medical Centre
Women's Employment Outreach
Yarmouth County Action

To extend this outreach an advertisement was placed in the Chronicle-Herald/Mail Star newspapers and notices were handed out for distribution to malls, churches, and other community centres throughout the province.

The Solicitor General of Nova Scotia
Special Committee On
Provincially Incarcerated Women

is looking at the needs and conditions of women prisoners in Nova Scotia.

If you are a woman who has recently been confined to a provincial jail, lock-up, or community facility, we would like to talk to you about your experience.

If you work with women who have been in conflict with the law, we would like to hear from you as well.

To speak with a committee member, in confidence, please contact prior to **January 10, 1992:**

Metro Area
Elizabeth Forestell, Co-Chairperson
c/o Elizabeth Fry Society, Halifax-Dartmouth
454-5041

Long Distance
Debi Forsyth-Smith
Advisory Council on the Status of Women
1-800-565-8662

All discussions will be treated with absolute confidence. You need not give your name.

Nova Scotia
Department of
Solicitor General

Honourable Joel R. Matheson, Q.C.
Solicitor General

243467

BIBLIOGRAPHY

A Report on the Mentally Ill Offender Problem in Nova Scotia - Executive Summary, March 4, 1982

A Survey of Institutional Programs Available to Federally sentenced Women, December 1989

Arresting The Patient Instead Of The Illness: The Jail As Psychiatric Service Of Last Resort, A commentary on the criminalization of the mentally ill, Journal of Prison & Jail Health, Spring/Summer 1985, Vol. 5, No. 1

The County Jail - Has It Become A Mental Institution?, Journal of Prison & Jail Health, Spring/Summer 1985, Vol. 5, No. 1

Equality Theories, Source: Sheihy, Elizabeth A., Personal Autonomy and the Criminal Law: Emerging Issues for Women. Background paper, Ottawa: Canadian Advisory Council for the Status of Women, 1987; pp. 3-9

Executive Summary of the Report of the Interdepartmental Committee to Review Recommendations of the John Arthur Legge Fatality Inquiry. March 7, 1989

Female Inmates and Their Families, September 1991, Federal Probation

Forensic Psychiatric Treatment Facility for Nova Scotia - Feasibility Study, September 15, 1989

Gender Differences in the Inmate Code, Canadian Journal of Criminology, October 1986, Vol. 28, No. 4

Identifying And Serving Mentally Retarded Inmates, Journal of Prison & Jail Health, Spring/Summer 1985, Vol. 5, No. 1

Incarcerated Mothers and Their Children, CAEFS, April 25, 1986

Inmate Drug Education Programming , Journal of Prison & Jail Health, Spring/Summer 1984, Vol. 4, No. 1

Issues in Planning Jail Mental Health Services, December 1982, Federal Probation

Jail And The Mentally Disordered: The Need For Mental Health Services, Journal of Prison & Jail Health, Spring/Summer 1985, Vol. 5, No. 1

Law and Mental Health Conference - Toward the Year 2001, Leuven, Belgium, May 26-30, 1991, from Conference Synopsis Report, Volume IV, Number II, Correctional Service Canada

Lombrosian Wine in a New Bottle: Research on Crime and Race, Canadian Journal of Criminology, April 1990, Vol. 32, No. 2

Medical Consultation For Correctional Institutions, Journal of Prison & Jail Health, Fall/Winter 1984, Vol. 4, No. 2

The mental health of penitentiary inmates in isolation, Canadian Journal of Criminology, April 1991, Vol. 33, No. 2

Mental Illnesses in the Female Offender (Incarcerated in the Prison for Women, at Kingston, Ontario), January 29-February 2, 1979

Metro Drug Dependency Centre After Care - The Residential Rehabilitation Program (28 day)

Model and Exemplary Programs for Female Inmates, An International Review, Volume I: Report

Multimodal Assessment & Therapy, etc.; from Conference Synopsis Report, Volume IV, Number II, Correctional Service Canada

National Conference "Perspectives on Female Violence", London, England - March 7-8, 1991, from Conference Synopsis Report, Volume IV, Number II, Correctional Service Canada

National Parole Board Workshop, November 1991

Native Inmates: Institutional Response, Risk, and Needs, Canadian Journal of Criminology, January 1989, Vol. 31, No. 1

Not Ordinarily Relevant? Considering the Defendants' Children at Sentencing, March 1990, Federal Probation

Offense Comparisons Between Mentally Disordered And Non-Mentally Disordered Inmates, Canadian Journal of Criminology, January 1989, Vol. 31, No. 1

Persephone Chained: Parity or Equality in Women's Prisons?, The Prison Journal, Vol. LXVIX, No. 1, Spring/Summer 1989

Primary Care Nursing In A Prison Setting, Journal of Prison & Jail Health, Spring/Summer 1984, Vol. 4, No. 1

Report of the Task Force on Federally Sentenced Women, April 1990

Report on Self-Injurious Behaviour in the Kingston Prison for Women, January 1990

Review of Educational Programs Available at the prison for Women and the Halifax Correctional Centre, December 1990

The role of sentencing in the over-representation of aboriginal people in correctional institutions, Canadian Journal of Criminology, July 1990, Vol. 32, No. 3

Self-Mutilation and Self-Induced Illness in Prison, Journal of Prison & Jail Health, Spring/Summer 1984, Vol. 4, No. 1

Sentencing as a gendered process: Results of a consultation, Canadian Journal of Criminology, July 1990, Vol. 32, No. 3

Should Mental Patients Be In The Prison Hospital?, Journal of Prison & Jail Health, Spring/Summer 1985, Vol. 5, No. 1

Staff Training and Development - Course Descriptions 1990-91, Correctional Services Nova Scotia, Department of Solicitor General

Suicide Prevention In High-Risk Prison Populations, Canadian Journal of Criminology, July 1987, Vol. 29, No. 3

Theft Groups for Women: A Cry for Help, March 1991, Federal Probation

Today's realities; Tomorrow's Possibilities, Perspectives on Women in Conflict with the Law, 1984

Treatment Orientation program (5-Day Program) Referral Handbook

Treatment Programs for Female Offenders, Women in Conflict With the Law II, September 1991

Treatment Programs for Incarcerated Women, September 1991, Women in Conflict with the Law II: A Forum for Consultation

29,000 Live Behind Bars, Clipping Service, 1991

Understanding Suicide, Clipping Service, 1991

Western Canada Conference on Adult Survivors of Family Trauma, July 11-13, 1991, Vancouver, British Columbia, from Conference Synopsis Report, Volume IV, Number II, Correctional Service Canada

What Do You Want: University or Prison?, NAAWS Grapevine Newsletter, 1991

Where They Go And What They Do: The Longitudinal Careers of Forensic Patients In The Medicolegal Complex, Canadian Journal of Criminology, July 1987, Vol. 29, No. 3

Wife Battering: A Well-kept Secret, Canadian Journal of Criminology, April 1984, Vol. 26, No. 2